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23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Brunswick, Maryland

Lutheran

24o, REC'D BY REGISTRAR 9 '58

24b. REGISTRAR'S SIGNATURE

Jefferson, Marylahd

DATE OCT

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Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Fraderick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negret) town) RUAL and give nearest town) Brunswick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 8 South Maryland Ave. YES NO NAME OF First Middle DATE Month Day Yeor DECEASED 1958 10 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years loss birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Male White Months Days 11-10-1884 Hours WIDOWED [DIVORCED | YIS. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Retired Conductor B.&.O.R.R.C. North Caroline 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leonidas Alaton Allene Wiggins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. INFORMANT Address (Yes, no. on bow Shanen Langley Brunswick, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 420.0 **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stoling the underlying couse lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) CAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) ă Hour o.m. foctory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased framthat I last saw the deceased olive on, and that death occurred of M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOYAL [Specify] 10-7-1958 Union Lovettsville **EUNERAL/DIRECTØR'S SIGNATURE ADDRESS** 246, REGISTRAR'S SIGNATORE 24a. REC'D BY REGISTRAR Brunswick, Maryland Orthun S. Krous

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wneral directar, d be filed with TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the kaspital ar attending physician. To FUNERAL DOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld celached for use as the buried-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registrar prior to burial, cramation, ar remayal, and in any event within 72 haurs after death.

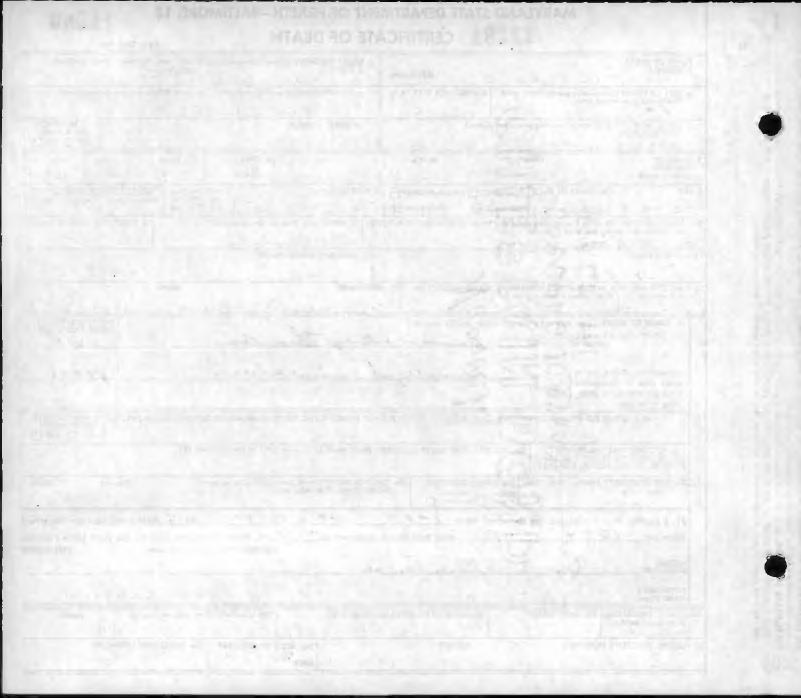
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11284 CERTIFICATE OF DEATH

Reg Bist No

	Keg. Dis	T. NO.
1. PLACE OF DEATH O. COUNTY FREDERICK MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE Mary land b. COUNTY FRE	derick
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
FREDERICK 10 days	* Rural-Frederick	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FREEDERICK MEMORIAL HOSPITAL	1 ROUTE 3	e. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF First Middle		
DECEASED /	VOCRSON 4. DATE OF DEATH OCT.	5 19 5 8
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER-MARRIED TOWNSED TO DIVORCED TO	1 - 1 2 1 1 1	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU- during most of working life, even if retired)		ZEN OF WHAT COUNTRY?
RETIREd SchoolTeacher	MARY/aND U	. S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Daniel J. Young	Sarah ZimmerMA.	~
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 8 (Yes, no. or unknown) (If yes, give wor or dotes of service) NONE M.	RITHOMAS S. ANDERSON-FRE	derick-Md,
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	^	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Basilin a	terry Thromboses	ONSET AND DEATH
332× DUE TO	X Add Valley	
Conditions if any which ?	1 intervactions	148 484
gove rise to immediate	entiro destarces	YEARS
cottse (o), stoting the under- lying cause lost.		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	101 19, WAS AUTOPSY
СТЕ		PERFORMED?
	D. (Enter nature of injury in Port I or Port II of item 18.)	
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While all work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (Cotory, street, office bldg., etc.)	ounty) (Slote)
21. 1 certify that I attended the deceased fram/_/	1954, ta 10-5- 1958 that 11	ast saw the deceased
	accurred at 4-15A M, from the causes and on th	e date stated above
and the state of t	ADDRESS (Street, city or town, stote)	DATE SIGNED
SIGNATURE Bef R Marky	M.D. 35 E. Church ST.	
PHYSICIAN'S DR. REXR. MORTIN	Frederick - Mar	yland
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL 10-7-1958 MT. Olivet	CEMETERY FREDERICK - 1	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE W. ADDRESS C. E. Cline & Son - Frederica	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY rederick MARYLAND ero b. CITY OR TOWN (If outside corporate limits, write c. CITY OB TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 è. RURAL and give nearest town) OFRICIO d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION 69 YES NO MemoRIAI NAME OF 4. DATE Year DECEASED OF DEATH (Type or print) Arolines 19.58 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Hours male DIVORCED [WIDOWED / papers. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant Same 111. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. MALYLAND and carbon 13. FATHER'S NAME after 14. MOTHER'S MAIDEN NAME NOUIS A01 HOVE ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: DUE TO à duy Conditions, if any, which gave rise to immediate bed DUE TO cosse (a), stating the underlying cause lost PART IL OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL DISEASE CONTITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES [] NO DA 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) a. m While Not while 19 of work p. m 21. I certify that I attended the deceased from 1924. that I last saw the deceased and that death occurred at The M, from the causes and an the date stated above. 080 ACTUAL SIGNATURE RAL DI PHYSICIAN'S FUNERAL Dr. R. L. Guest NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) Maryland Frederick. Oct.8 St. John's Cemetery 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) M. R. Etchison & Son, Frederick, Maryland Commer S. Krous DATE OCT 1SM 9/S5

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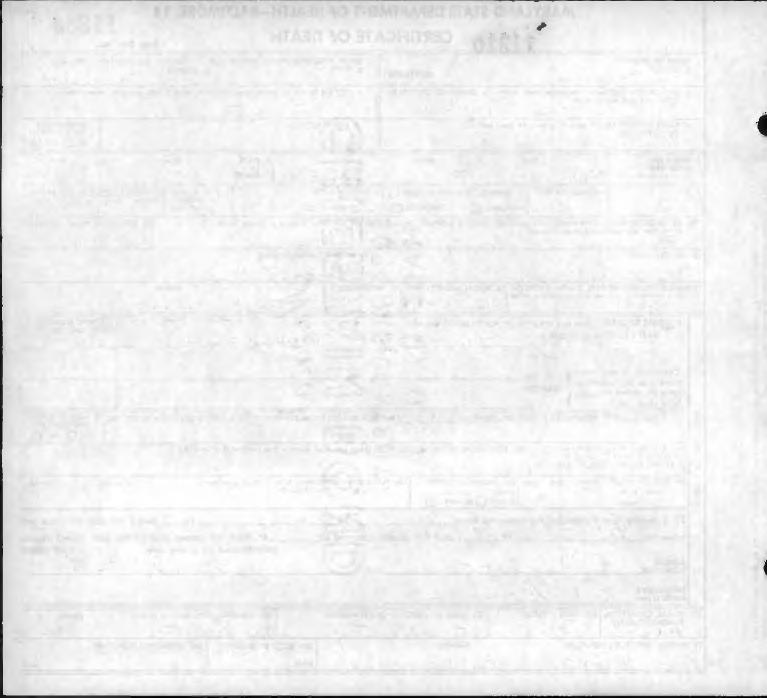
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11310	CERTIFICATE	OF	DEATH
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	O CEKTIFICA	ALE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	o. STATE md	b. COUNT	Triderick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN JIF of	utside corporate limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO [2]
3. NAME OF DECEASED (Type or print) WILLIAM	PALL L	BAGLEV	4. DATE Me OF DEATH Det	onth Day Year
S. SEX 6. COLOR OR RACE 7. MARRI WIDOWEI	ED NEVER MARRIED DO DIVORCED	8. DATE OF BIRTH aug. 5, 1	9/3 9. AGE (In year lost birthdoy) 45 yrs	Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	and of Business or Indu	STRY 11. BIRTHPLACE (STORE	or foreign country)	12. CITIZEN OF WHAT COUNT
Jesse a. Bagley	/	14. MOTHER'S MAIDEN N	L. Crean	
[Yes, No, or unknown] [If yes, give wor or soles of service]	6-61-3913 7	MAD MANIE	Barlon Len	restoring. md.
18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	e for (o), (b), and (c).	occlus	ion_	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate course (o), stating the under-	4			
PART II. OTHER SIGNIFICANT CONDITIONS CO. 200, ACCIDENT WAS UNDERLYING 20b, DESC. 200, CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART I(0) 19. WAS AUTOPS' PERFORMED? YES NO
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20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. While of work	_ Not while _ for	ACE OF INJURY (Home, form tory, street, office bldg., etc.	20f. (City or town)	(County) (State
21. I certify that I attended the decease alive on Oct 3 / 19.5	-1/D			and on the date stated abo
ACTUAL SIGNATURE BOTTON	ac_	M.D	- Phon	271958
(I) / 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	nas			
Bereial 11/3/58	Utica Cem	etory	Mr. Lewest	and mel
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Pleas and the	DATE DATE	D BY REGISTRAR 246. REG	SISTRAR'S SIGNATURE



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And the state	The state in the state of the s	letached for use as the burral-fransit permit. Then please remove carbon papers. Pages I and Z	the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.		
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VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

<u> </u>			EUL.	<u> </u>					Keg	. Dist. No	1.	
1.	PLACE OF DEATH a COUNTY			MARY	LAND	2 USUAL RESIDENCE o. STATE	(Where decease		institution: Re	sidence befo	are odmiss	lion)
L	Fr	derick		PROPERTY	LAND	Ma			Pr	traha	ole	
	b CITY OR TOWN (I RURAL and give re	foutside corporate limi	ets, write	c. LENGTH OF STAY	IN 16	c CITY OR TOWN				and give ne	orest Town	nj
	Rural N	<i>iyersvill</i>	е	10 ye	ars	× Rural	Myers	ville				
	d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street			d. STREET ADDRES	S					FARM?
3.	NAME OF	, For	rat	Middle		. O loi	, 4. DATE		Month	D.	Dy	Yeor
ı	(Type or print)	Har	ry	C.		Baker	OF DEAT	H C	e4	2		1958
5.	SEX	6 COLOR OR RACE	7 CHAR	HED TNEVER MARRIS	DП	B. DATE OF BIRTH		9. AGE [NDER 1 YEAR	IF UND	ER 24 HRS
1	male	white	WIDOW	ED DIVORCE	0	K/17/1885		lost bir	thday) Mon	ths Days	Hours	Min
10	o. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDÚ	STRY 11 BIRTHPLACE (S	tate or fareign	country	12	CITIZEN C	DE WHAT	COUNTRY
L	stone ma	ing life, even if retired		ldg. cons	e to real	iction M	ld.			u.s	2.	
13	FATHER'S NAME	LO VAX	847	<u> </u>	· · · · ·	14 MOTHER'S MAIDI				O. 6 V		
	Ezra Bal	rer				Mary M	Gari	lbert				
15	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	17, 1	NFORMANT			Address			
IA	no or unknown)	(IT yes, give wor or dates of s	iorvico}	17-32-106	Mr	s. Effic	Baker	. Mye	rsvil	le, 1	1d .	
F		TH [Enter only one co	ouse per li	ne for (a), (b), and (c)							ERVAL BE	TWEEN
		TH WAS CAUSED BY	0			lar -Remas	a A.			ON	SET AND	DEATH
	44.2 X	IMMEDIATE CAUSE (o	2	1 (64) - 10	~~~	4000 -41-63163	<u>CUA</u>	N. Row			24	125
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Z	PART II OTH	IER SIGNIFICANT CON	IDITIONS_	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TI	ERMINAL DISE	SE CONDIT	ION GIVEN IN	PART I(o)		
CATION												NO 🗌
CERTIFI	200 ACCIDENT WA	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRE	D (Enter nature of injury	r in Port I or P	ort II of item	10)			
		MEDICAL EXAMINER)										
5 <u></u>	20c. TIME OF INJUR	Y Month, Day, Ye		NJUPY OCCURRED		ACE OF INJURY (Home, clory, street, office bldg.)		ly or town)		(County)	J	(State)
MEDICAL	Hour a m	19	While at wor	Not while		cory, meet, orned bidg .	. 416.1					
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	alive onC	14-4-2	125	Z.K., and () not	death	accurred at						
	ACTUAL	0,0	0	. 21	4	→	ADDRESS I	Street, city	or town, state)		_	ATE SIGNED
	SIGNATURE	3-7	en	er may		M.D	uoa	Littl	271		10-	51-72
L	PHYSICIAN'S NAME (Type)	/	E 17	ner HA	RI	2			*****			
22	. BURIAL, CREMATIO	N. 22b. DATE THEREC	OF .	22c. NAME OF CEME	TERY O	R CREMATORY	22d LOC	ATION (City	, town, or cou	nly)	(Stot	(e)
	REMOVAL (Specify) DUTIAT	10/22	/105	R Ch of	Dm	thren Cem	Hem	monw.	Frod	Co	. M	a
	FUNERAL DIRECTOR	S SIGNATURE	7 7 7 7	ADDRESS	۽ تيري.		REC'D BY REGI		Ib. REGISTRAR	'S SIGNATE	7	<u></u>
			31		. 1		DOT O	4 '58		wy 8. 19		
	Gladhi.	LE COMPAN	V. V	iddletown	1, 1	DATE	061 4	T 30	- AU-07/LA	w/ d. /	naue	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11286 **CERTIFICATE OF DEATH**

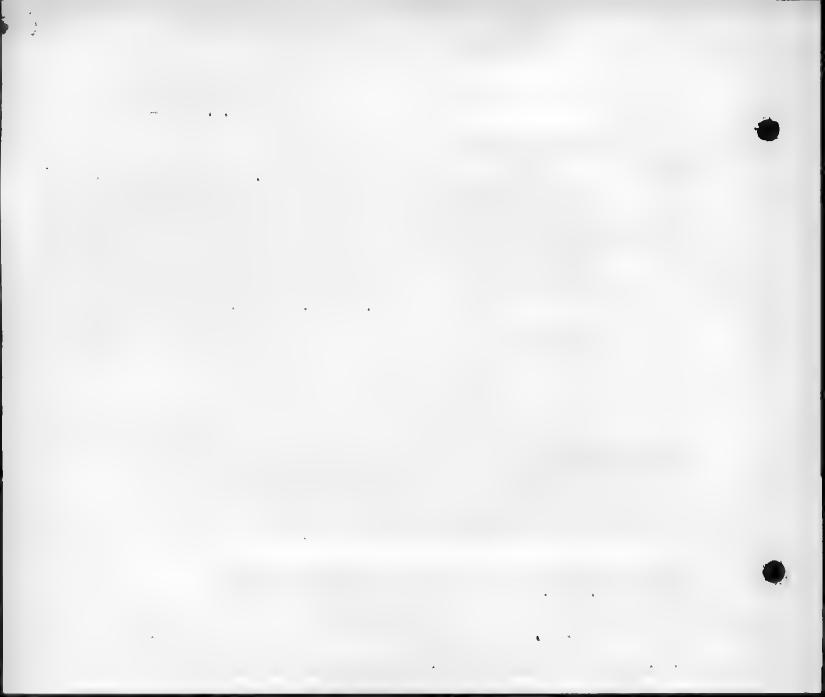
Reg. Dist. No.

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,	1. PLACE OF DEATH COUNTY Frede	rick		MARYLAND	II _ CTATE	DENCE (WH Maryl:		lived. If institution b. COUNTY		before odm erick	
	b. CITY OR TOWN (III RURAL and give ne	outside corporate limits,	write c. LEN	GTH OF STAY IN 16	c. CITY OR	TOWN (If a	utside corpor	ote limits, write Ri	JRAL and give	e nearest to	iwn)
	Frederic		1	Days		Adams	town R	.DRura	1-#1		
	d. NAME OF HOSPITA	AL (If not in hospital, give	street oddress)		d. STREET /	ADDRESS					RESIDENCE LA FARM?
r	Frederick	Memorial Ho	spital			Box #	62				NO 🗍
	3. NAME OF DECEASED (Type or print)	ROY		Middle CLINTON	BAU	GHER,	4. DATE SR OF SEATH	Octo		21,	19 58
	5. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	B. DATE OF BIRT	H	<u></u>	9. AGE (In years	IF UNDER 11	EAR IF UN	IDER 24 HRS
	Male		IDOWED	DIVORCED [7]	Februar	y 15.	1896	9. AGE (In years jost birthday) 62 yrs	Months De	ys Hou	rs Min
	100 USLAL OCCUPATIO	N (Give kind of work dan	e 10b. KIND O	F BUSINESS OR IND	USTRY 11. BIRTHP	ACE (State	or foreign co	untry)	12. CITIZE	N OF WH	AT COUNTRY?
1	Farm Tena	ing life, even if retired)	Fa	rming	\$	Mary	land			USA	
1	13 FATHER'S NAME				14 MOTHER'S	MAIDEN N	IAME				
	Sa	muel Baughe	r			Rhod	a Fox				
	15 WAS DECEASED EVE	R IN U. S. ARMED FORCES	57 16. SOCIAL	SECURITY NO 17.	INFORMANT			Addr	ess		
	No No	If yet, give wor or dates of service NO	None	M	cs. Mary	E. Ba	ugher,	Same as	Item	#2	
		TH [Enter only one couse	per line for (o). (b). ond (c).]						INTERVAL	
	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	1 we	mences	n 2	nde	rel	Lyin		20	weeken
	463 X	DUE TO	n.		d '.	6	A-4				
	Conditions, if or		The	ebothr	mbron		UE	La		26	selve
	gove rise to in		,					8			
	lying cause lost.	(c)_									
	PART II. OTH	ER SIGNIFICANT CONDIT								(o) 19 WA	S ALTOPSY FORMED?
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		S UNDERLYING [] 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HO	OW INJURY OCCURS	ED (Enler noture o	if injury in 1	Port or Port	Il of item 1B }			
	20c. TIME OF INJURY Hour a. m.	f Month, Day, Year	20d INJURY C		LACE OF INJURY (octory, street, office	Hame, farm	20f (City	or lown)	(Cou	inty)	(State)
	Hour a.m.	19	While No at work ☐ of		actory, singer, orre	e biog., etc.	1				
	21. I certify the	at I attended the de	eceased from	m but 1	196	. to	out a	26, 1958	that Llas	t sow th	e decensed
	alive an De		1957	, and that deat		9:50A	M. from	the couses of	nd on the	date sta	ated chave
			-					eet, city or town,		adie sic	DATE SIGNED
	ACTUAL	muz. E		lone	MD. West	Third	Stree	t	1	0/22/	1958
e c	PHYSICIAN'S] NAME (Type)	Dr. T. E. St	one		Frede	rick,	Maryl	and			
	22g. BURIAL, CREMATION	N, 22b DATE THEREOF	22c. N	IAME OF CEMETERY	OR CREMATORY		22d LOCATI	ION (City, town, o	r county)	(5)	laie)
	REMOVAL (Specify) Burial	Oct. 24.19	58 G1	ade Cemet	ery		Wal	kersvill	e, Mar	yland	
	23 FUNERAL DIRECTOR'S			DDRESS			D BY REGISTR	RAR 245 REGIS	TRAR'S SIGN		
	M P Ftal	nicon & Con	Freder	si ole Marri	land	L [ICT 2 4 '	58	other 8	Thomas	

funeral director. ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.

O FUNERAL DISTOR: After this certifical has been signed by the ottending physician and completely filled in by, page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. moy be relained b TO HOSPITAL OR VS A15 (4)

15M 10/57



VS A15 (4) 15M 9/55

11285

Reg. Dist. No.

1, F	L COUNTY	Frederic	k MARYLAND	- 11	. USUAL RESIDENCE (Who STATE Maryl		d lived If institution b. COUNTY		ederick	
ı	CITY OR TOWN (IF RURAL and give no. Thurm		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If ou	utide corpo		JRAL and giv	e nearest fown)	
,		AL (If nat in haspital, give stree	et address)		/d. STREET ADDRESS				e, IS RESIDER	RM?
	NAME OF DECEASED Type or print)	Theodore I	E. Beard	4-4-11	Lost	4. DATE OF DEATH		ber 2	1,7	58
5. S	male	and the state of	RRITO NEVER MARRIED DIVORCED		. 13, 1881	,	9. AGE (In years lost birthday) yrs.		YEAR IF UNDER 2	HRS.
_	during may of work	ing life, even if retired)	b kind of Business or ind WMRR	USTR		or foreign o	ountry)	12 CITIZ	U.S.A.	UNTRY?
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N		T 4 . 1 . 4			
	Samu			40.404		lan	Lightne:			
[Yes	NO (R IN U. S. ARMED FORCES? It if yes, give wor or dates of service) of	05-10-5939		ulia K. Be	ard			, Maryl	and
		THE [Enter only one cause per TH WAS CAUSED BY IMMEDIATE CAUSE (a)	line for (o), (b), and (c).	م	tosis				ONSET AND DE	ATH
	/: / X Conditions, if or	DUE TO	areinom		of ston	rac	h		1 -yr.	
	gave rise to in cause (a), stating t lying couse last	mmediate Due TO			Ý					
CERTIFICATION		IER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH B	UT NO	OT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART 1	PERFORME	OPSY D7
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 206. DE CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in P	ort I or Par	t It of stem 18.)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Whi			E OF INJURY (Home, farm, y, street, office bldg., etc.)		y or tawn)	(Co	uniy)	(Stole)
	21. I certify the	at I attended the decer X · 28 , 19	sed from Scot. 58, and that dea	<u>ک.</u> ۱th a	ccurred at 5; 00		29, 1958 m the causes a			
	ACTUAL SIGNATURE A	. Frankli	-Birch	M.I	Thur	ADDRESS (S	itreet, city or town,	elote)	10/29	SIGNED / 58
	PHYSICIAN'S DE	r. M. Frankl	in Birely	-						
220 B	BURIAL, CREMATION	N. 226. DATE THEREOF 11-1-58	Blue R1dg				TION (City, town, our work)	Mary	(State)	
227	Hay mond	E Creager	ADDRESS Thurmont	Ma	24o. REC'E DATE	ORY REGIS	TRAR 246. REGIS	TRAR'S SIGN		
	/									



hours



11287

CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o COUNTY Frederick Maryland Frederick **6 COUNTY** MARYLAND b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA), and give negrest town) m RLRAL and give nearest town) Thurmont vrs. d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO NAME OF 4. DATE First Middle Month Day DECEASED OF October Howard Bussard DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH P. AGE (In years last-bisthdoy) 1885 male white Jan. WIDOWED [7] DIVORCED | Yes 10s USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or fareign country)
during most of working life, even if retired) 12, CITIZEN OF WHAT COUNTRY? U.S.A. Public. school Maryland teacher 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Miller Gaorge H. Bussard Margaret 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Thurmont, Md. No Mrs. Ada S. Bussard None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUF TO Conditions if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19/1 WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I 19 & Athat I last saw the deceased attended the deceased from... alive on and that death accurred M, from the causes and an the date stated above ADDRESS (Street, city or lown, state) **ACTUAL** 200 PHYSICIAN'S NAME (Type) 225 DATE THEREOF 22d LOCATION (City town, or county) 220. BURIAL CREMATION. 22¢ NAME OF CEMETERY OF CREMATORY (Stote) 10-15-58 Blue Ridge Cemetery Thurmont, Maryland 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRARIS SIGNATURE DET 1 4 '58 Raymond E. Creager Thurmont.

Filed ofter physicion hours ottending à AVO been signed pub certificate by Inc. 3 shau TO FUNERAL abod VS A15 (4) 15M 9/55

requires that the death certificate

HOSPITAL

within 24 hours offer death. Page



4-1	X
HEALTH	DEPT.
HEALTH	M
**MEDELAL EXAMINER: This certifical should be exempted within 24 mous after death. If any delay is necessary, plicated, we consider the word "pending" in pending learn 18. Give Pages 1, 2, and 3 to the funeral directory, be the form that the constant of the funeral directory is the following Medical Examinar's Office along with form PM3, Pages 5 may be retained if portion to a purious of the constant. File pages 1 and 2 with the State Bord of the constant of	
7 4 4 5 .5	

VS. ATSME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

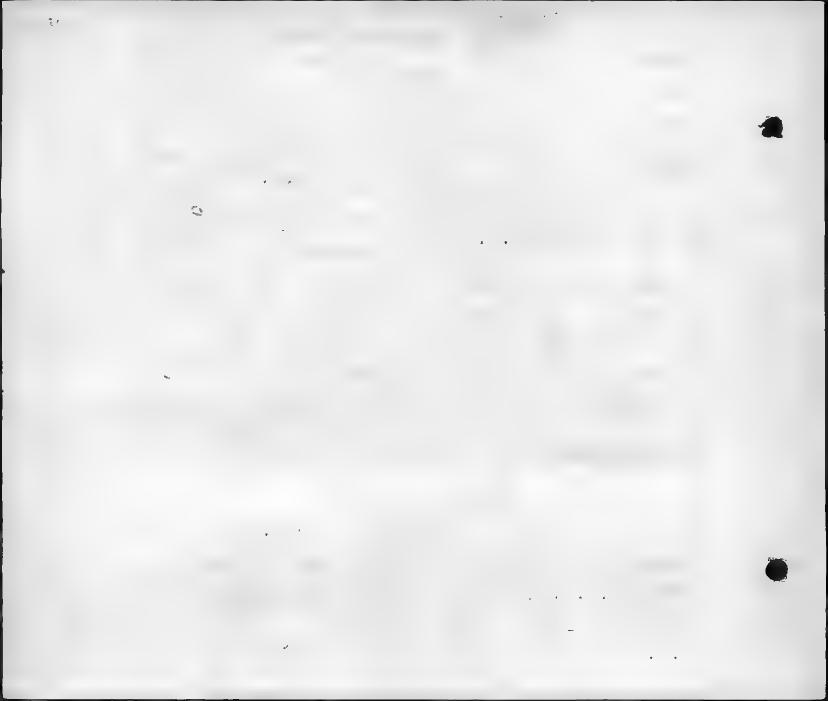
			00a-						Reg. Dist.	Na.	в.
	, PLACE OF DEATH	11	207		2 USUAL	RESIDENCE (W	here deceased	d lived If institu	ulion- Residence	before admis	isran)
	o. COUNTY	derick		MARYLA	ND D. STAT	Mar	vland	b. COUNT	"Frede	rick	
Л	b. CITY OR TOWN IT	outside corporate film to write	FURAL	c. LENGTH OF STAY IN	1b c. CITY	OR TOWN (IF	outside corpo	orate limits, write			vn)
	Frederi	ck		hours	- R	iral M	iddle	town			
	d NAME OF HOSPITA	L OR INSTITUTION (I	finat 'n bosp	ital, give street address)	d STRE	T ADDRESS	~ - /			U IS RE	PENCE CMRAF
3	Frederick	Lemoria	Hos	pital							№ 🛂
	3. NAME OF DECEASED	Fire	ıt	Middle		Last	4 DATE OF	Mont	h [вог
	(Type or print)	Erne	est _	Edgar	·C,	astle	DEATH	1	Ō	7 1	58
	5. SEX	6. COLOR OR RACE	7- MARRIET	NEVER MARRIED	B DATE OF B	RTH	9	P. AGE (In years lost birthday)	IF UNDER THE		
	male	white	WIDOWED	DIVORCED [11/2	/1930_		27 yrs	Months Day	ra Hours	Min.
-	10a. USUAL OCCUPATION during most of working		done 105 KI	ND OF BUSINESS OR INC	DUSTRY 11. BIRT	TPLACE (Slole o	or foreign cou	unity)	12 CITIZEN	OF WHAT	COUNTRY?
	carpenter		<u> </u>	dg. constr	uction	M	aryla	nd	U	.S.	
	13. FATHER'S NAME					R'S MAIDEN N					
-	Albert C	astle			Mai	rie Mc	Intyr	e			
	15. WAS DECEASED EVE	R IN U.S. ARMED FOI			7. INFORMANT			Address			
	no		22	0-26-0133	irs. Hi	lda Ca	stle,	Middl	etown,	Má.	
	18 CAUSE OF DEAT	H [Enter only one cau	se per line h	or (a), (b), and (s),]		-	-		T	NIERVAL BETWE	CN Tel
	PART I. DEAT	H WAS CAUSED BY:	-C	moderal	Za	relic	d				,
, ,		DUE TO			- 0	27				4 / 2	- 1 1
*	Conditions, if or	y, which } (b)		pundo	med	len	20		1	,	
	gave title to immed	iate cause	· ·				-4				
	(a), slating the scause last.	(c)	<u></u>				**				
	Z PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERM H	NAL DISEASE	CONDITION GI	VEN IN PART 1		
-	PARY II, OTH									YES Z	NO 🗍
	또 20g. FXTERNAL CAL	SE WAS 20	6 DESCRIBE	HOW INJURY OCCURRE	D (Enter noture c	Einjury in Fort	l or Part II a	fitem 18)			^ =
			int.	madile.	comment.	week . said	75 h	~-			*
h	20c TIME OF INJUR	Y Month, Day, Yes		NURY OCCURRED 20e	PLACE OF INJUR	Y (Home, form,	201. (City e	or Jown)	(County)	(State)
Ž	Hoor o. m.	10/1 19	5-3 White	INDI WIRRE TO	1. C. 3	5.3	15.).	foros	17-46	wet	Med
	21. I certify th	at I taak charge	of the re	emains described a	obove, held	an Autapsy	XI, Ins	pectian 🔀	, Inquiry	1, and	d'n my
	apinian death	resulted from: I	Natural c	ouses 🔲, 🛮 Accide	nt 🔀, Suid	ide 🔲, H	lomicide	. Undete	ermined ma	nner 🔲	
		"7 A	111								ide i min
	ACTUAL SIGNATURE	1501	Mary Sales	and -	M D CHIE	F MEDICAL EXA	AMINER 🔲			DATE S	IGNED
	EXAMINER'S	12 MM)		ASSI	STANT MEDICA	L EXAMINER				
	NAME (Type)	JU JE	1077	ia S	DEP	ITY MEDICAL E	XAMINER 💽				
	776. BURIAL CREMATIO REMOVAL (Specify)	N. 7226 DATE THEREC	OF S	224. NAME OF CEMETERY	OR CREMATORY	T	22d, LOCATIO	ON (City, fown,	or county)	(State	•
	burial	110/9/19	58	Lutheran_(Cemeter	y	Middl	etown		Md	
	23. FUNERAL DIRECTOR			ADDRESS			BY REGISTRA		STRAR'S SIGNA	TURE	
	Gladhill	Company	, Mi	ddletown,	Md.	DATEOC	r 1 0 '58	a	Thung 8, H	iaul.	



VS A15 (4) 1SM 9/55

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	11315 CERTIFICATE OF DEATH Reg. Dist.	_{No.} 11289
	1. PLACE OF DEATH O. COUNTY Proderick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE // Gry/and. b. COUNTY Fred	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give recrest town) RURAL and give nearest town) RURAL 3 (4) Company Company	ings)
1	d. NAME OF HOSPITAL (II not in hospital, give street oddress) OR MASTIGUTION FOR EDERICK County Chronic Hosp.	o, is residence on a farm? yes \(\text{NO} \)
	3. NAME OF DECEASED (Type or print) Churles Clarer Chares DEATH 10	Day Year 14 19 58
	m. WIDOWED DIVORCED 11/4/1977 PO Yrs. Months Do	YEAR IF UNDER 24 HRS Hours Min.
1	Retired Fish Culturist-U. S. Government Frederick Co. Fre	derick
A.	13. FATHER'S NAME Leorge Cryver 14. MOTHER'S MAIDEN NAME Elmira Falmer	•
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No. 16 year was or dates of vervice) None Ruth Crauffact R. M.	rept
		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) (b) Cheause meloculation	11410.
	gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> (c) DUE TO	
Ò	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10	PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)	

MEDICAL 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) Day, Year 20d INJURY OCCURRED 20f (City or town) (County) (State) Hour a.m. While Nat while of work Nat while Oct 10 ...that I last saw the deceased 21. I certify that I attended the deceased from , and that death occurred at 1:85PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURI North Market Street PHYSICIAN'S NAME (Type) Dr. H. F. Kline Frederick, Maryland 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) Burial (Specify) 10-17-58 Rocky Springs Cemetery Frederick County Maryland RECTOR'S SIGNATURE ADDRESS
Ltchison & Son, Frederick, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE OCT 1 7 '58 Orthun & Kings



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4

VS A15 (4) 15M 10/57

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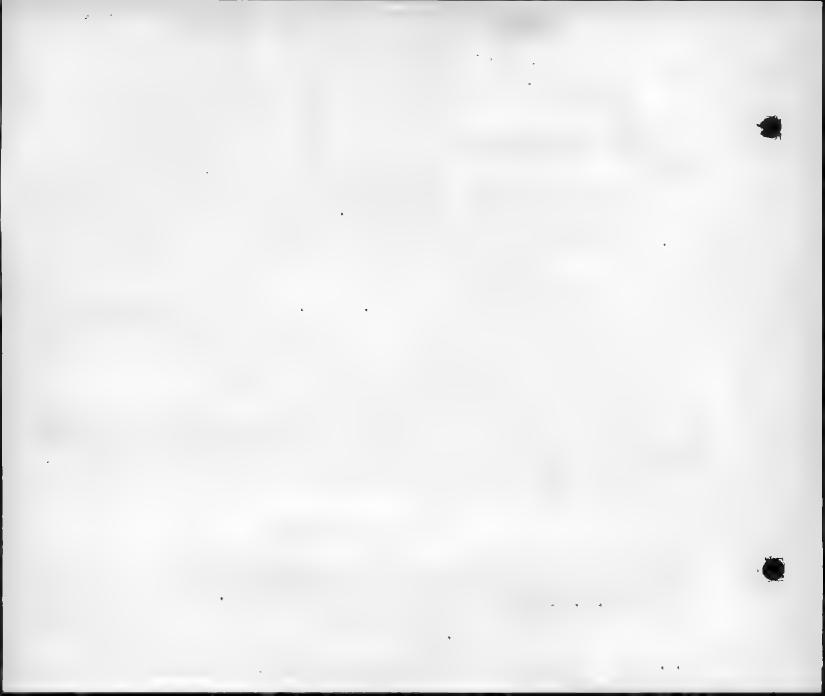
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

11290

L				CERTII	ICA	E OF DEATH	·		Reg. Di	st. No.	,	
1.	PLACE OF DEATH COUNTY	rederick		MARYE		o. STATE Maryle		d lived If institution b COUNTY		eder		sign)
	Braddock	f outside corporate timi carest town) Hailahta	its, write	8 Days	N 16	e. CITY OR TOWN (If a	`		URAL and	give nec	arest fowr	n)
	d NAME OF HOSPIT OR INSTITUTION	At (If not in hospital, s		oddress)		d. STREET ADDRESS	. 1100	110			_	FARM?
3.	NAME OF DECEASED (Type or print)	NOB	LE	Middle OSCAF		DEAN	4. DATE OF DEATH	Octobi		7,		Yeor 19 5 8
	Male Male	White	WIDOW			Dec. 8, 1.868		9 AGE (In years lost birthdoy) 9 yrs.	Months	Doys	IF UNDE Hours	ER 24 HRS
١.	Ret. Locke	un <u>a life, even if refired</u>	done 10b.	KIND OF BUSINESS OF	RINDUSTR	Maryland		ountry)		tizen o USA	F WHAT	COUNTRY
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			-		
		Unknown				Nettie	McKn	ight.				
15		R IN U. S. ARMED FOR Ilf yes, give wor or dates of s	America 1	SOCIAL SECURITY NO 5-26-8901	Mrs.	. Lyle F. Sm	nith;	Point of		s, N	laryl	and
	PART I DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o)	Herry Jan	10	Echerian Beast Du	uáne.			ON	ERVAL BE	DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last. (b) Hymelinum Plant C deare DUE TO (c) Smilety											
CERTIFICATION	PART II OTH					OT RELATED TO THE TERMI			EN IN PAR	RT 1(o) 1	PERFO YES	DRMER?
CERT	LOR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. 005	CRIBE HOW INJUNI OC	, כטאאבט (Enter noture of injury in I	TOTT I OF FOR	T 11 OF 11EM 15.)				
MEDICA	20c TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	ar 20d. It While of worl	Not while	20e. PLACE Factor	OF INJURY (Home, form y, street, office bldg., etc.	20f. (Cit)	y or town)	(County)		(State)
	21. I certify the alive an	at Jattended the	decease		death a	corred at 8:10	${ m P}$ M, fran		ind an t	last so he da	w the	deceased ed abave
	ACTUAL SIGNATURE	7-1- J	ah	my	M.E			treet, city or town, nd. Straet	•		<u>1</u> 0	ATE SIGNED 1/9/58
		e <u>H.J.</u> R				Frederi	lck, M	d.				
	BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREO		St. Paul		REMATORY emetery		TION (City, town, o		rvl	(Stote	e)
1	FUNERAL DIRECTOR		90	ADDRESS	8		D BY REGIST					
	M.R. Etchi	son & Son:	Free	ierick Mam	in and		1 3 '58		n 8 th	traus		

DATE: 1 4 '58

M.R. Etchison & Son; Frederick, Maryland



ITTENDING INVICEN: The law requires that the death certificate be executed within 24 hours after death; Page 4

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may be retained by the hospital ar attending physician.

D FUNERAL D

OR After this certificate has been signed by the attending physician and campletely filled in by page 3 shaul

page 3 shaul

the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death.

may be retained b TO ROTHITAL DR VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11317 **CERTIFICATE OF DEATH**

2.202	CERTIFICA	AIL OF DEATH	R	leg. Dist. No.						
1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who STATE Mary)	re deceased lived. If institutions b. COUNTY	Residence before admission) Frederick						
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Frederick-Rural-R.D.#1	c. LENGTH OF STAY IN 15		rick Rural* R							
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Ceresville	address)	d. STREET ADDRESS Ceresy	rille	e. IS RESIDENCE ON A FARM? YES PA NO T						
3 NAME OF First DECEASED (Type or print) JOHN	Middle SEBASTIA	lost	4. DATE Month OCTOD	Day Year						
5 SEX 6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS						
Male White widow	ED DIVORCED		SQT [1,4 Aur.]	Aonths Days Hours Min						
18a USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)			r foreign country)	12. CITIZEN OF WHAT COUNTRY?						
Physician X=	Ray &Therapy	Virginia		USA						
		14 MOTHER'S MAIDEN N								
Gapt. Ezra Z. Derr	SOCIAL SECURITY NO 17	INFORMANT	a Latham Address							
1744, no or unknown) . Iff you says war or dates of service)			r,Jr Same as	41.0						
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY	ne for-(a), (b), and (c)	.77	0	INTERVAL BETWEEN ONSET AND DEATH						
1420.0 DUE TO DUE TO										
Canditions if any which)										
gave rise to immediate cause (a), stating the under-	- yourself .	7		Jean -						
lying cause last. (c)										
PART II OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	PERFORMED?						
20g. ACCIDENT WAS LINDERLYING IT 20b DES	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Pa	art Lor Port II of item 18.)	YES NO X						
20c TIME OF INJURY Month, Day, Year 20d. I Hour o. m. IP of work	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, iclary, street, affice bldg., etc.)	20f (City or lawn)	(County) (State)						
p. m. 19 of wor										
21. I certify that I attended the deceas	7,7	1958 10 @	ct 23, 1956,1	hat I last saw the deceased						
alive on Captal 19:	2.4, and that death	accurred at 9:15P	M, fram the causes and	I an the date stated above.						
ACTUAL (1 (1 T)			DDRESS (Street, city or town, sta	10/26/58						
SIGNATURE 1	urre	M.D. East Churc	on Street	T0/50/20						
PHYSICIAN'S Dr. A. A. Pearre		Frederick	, Maryland							
220 BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	72d. LOCATION (City, town, or c	county) (State)						
burial Oct. 27, 195		The second secon	Frederick,	Maryland						
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAP 246 REGISTR	ANS SIGNATURE						
M. R. Etchison & Son, Fre	derick, Maryla	and DATE	COL TO							



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11292

11288 CERTIFICATE OF DEATH

Rea. Dist. No.

-		P- 2- 1							· · · ·	701		
1.	PLACE OF DEATH a COUNTY	ACE OF DEATH COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o STATE Maryland b. COUNTY Frederick						
	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)						
	Frederick 2 weeks				X	Freder	ick	rural				
1	HAME OF HOSPITAL (If not in hospital, give street address) Frederick Memorial Hospital				d STREET ADDRESS e. IS RESIDENCE ON A FARM? YESTER NO							
3	NAME OF DECEASED (Type or print)		iriah	Middle Dixon		Lost	4. DATE OF DEATH	October	116	Doy	19 58	
1	sex Cemale	6 COLOR OR RACE 7 White wi	MARRIED 🔼 N	DIVORCED	8-14	- 1902	9		Onths Day	AR IF UND Haurs	Min.	
10	Housewit	USTRY 11 BIRTHPLACE (Slote or foreign country) Maryland U.S.A.										
13	13. FATHER'S NAME Ray E. Lewis					14 MOTHER'S MAIDEN NAME						
١L						Lillian M. Brown						
/ 15		IN U. S. ARMED FORCES			INFORMANT			Address			14	
Ĺ	NO		219-3	4-5049	WILLI	am Dix	on	Frederi	ck,	Md.	RD 1	
	PART I. DEAT	TH [Enter only one couse H WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o).	(b). and (c)]	7 Ih	rozar	bes		0	NTERVAL BI	DEATH	
	Conditions, if ony, which) (b) Cardian Vascular discuse 2/2017											
	gove rise to immediate couse (a), stating the under lying couse last. (c) Hyper Thraport decree 2007											
CERTIFICATION	PART H. OTH	ER SIGNIFICANT CONDITI	ONS CONTRIBU	TING TO DEATH BU	IT NOT RELATED	TO THE TERMI	NAL DISEASE	CONDITION GIVEN	IN PART 1(a	PERFO	ALTOPSY DRMED?	
MEDICAL	20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stote) Hour o, m D, m 19 While Not while of work at work											
	21 I certify the	at I attended the de	ceased from	Josep 1	2 , 192	7, la, C	ert 1	5 ., 1955 it	nat I last	saw the	deceased	
	alive on Act 16 , 1958, and that death occurred at 650 M, from the causes and an the date stated above.											
	ACTUAL SIGNATURE BOOKES (Street, city or town, stote) DATE SIGNE OF THE SIGNED OF THE										ATE SIGNED	
	PHYMIAN'S NAME (Type)	B.O. The	1727	12	j	necker	and.	125	2 +1 /2			
E	O BURIAL, CREMATION	10-20-58	t t	e Ridge				on (City, town, or ed		(Sio Pland	,	
23	Haynond P	Creager		mont. M	id.	240. REC'I	2 0 158	AR 24b. REGISTRA	AR'S SIGNA			
	1/7											

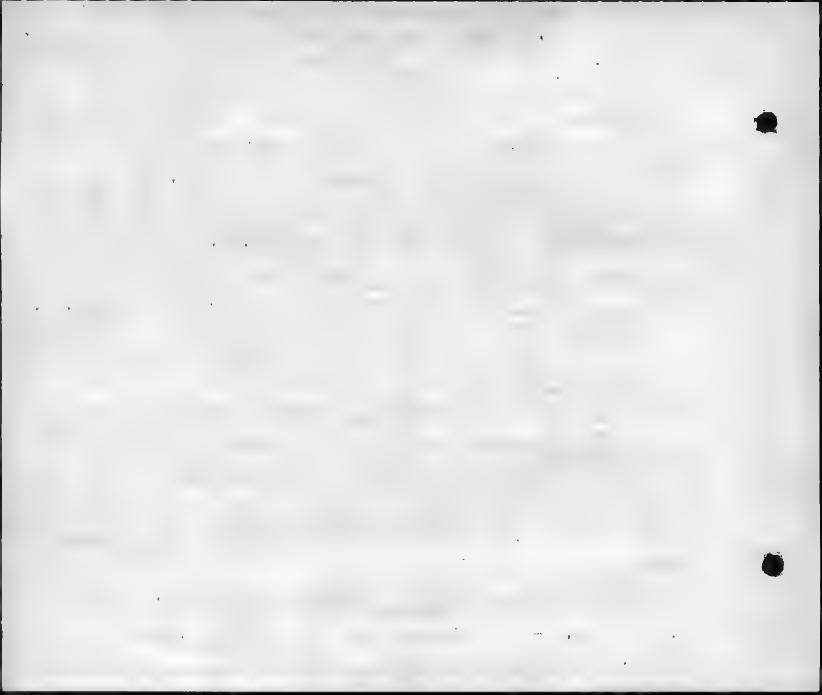
VS A15 (4) 15M 9/55



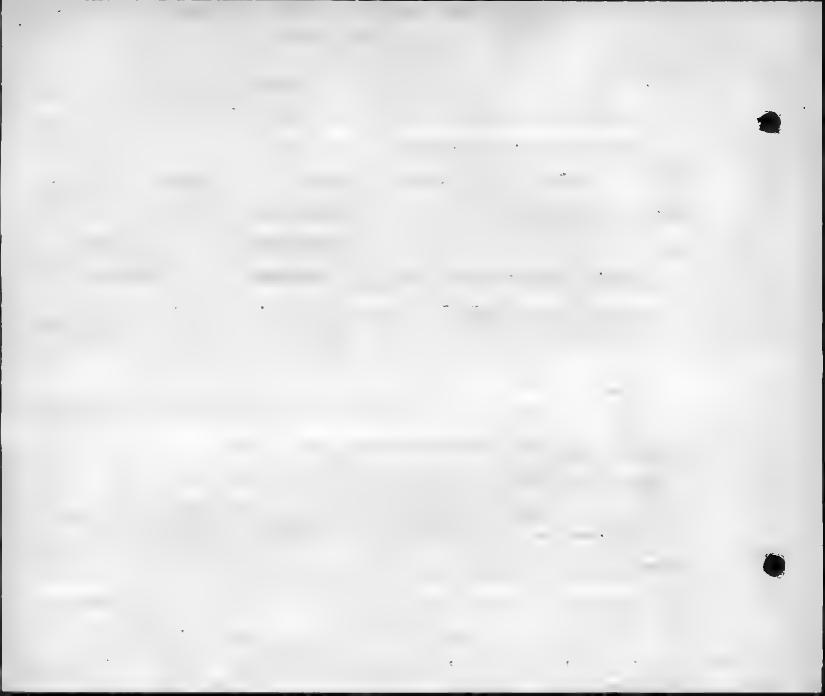
VS A15 (4) 15M 9/55

				1131	8 CERTIF	ICA	TE OF D	EATH				Reg. Dist	No.	112	93
	1. 6	PLACE OF DEATH			MARYL	- 11	2. USUAL RESID	. ` .		d lived If inst b. COUI	itution	: Residence	e before	odminic	
	- 6		Frederick (If outside corporate limit	lt write	c. LENGTH OF STAY IN			Mrayl:		rate limits, wri	to Pill	Fred			
	ľ	RURAL and give	nearest tawn)		% Months				Ť		10 1121	are and 8.			
		d. NAME OF HOS	PITAL (If not in hospital, o	jive street (- 1	d. STREET A	erick obress					l e	. IS RESI	DENCE
		OR INSTITUTION	Carrollton I	rive			415 C	arrol	lton :	Drive				ON A	
	1	NAME OF DECEASED	Fir	31	Middle	_	Lost		4 DATE OF		Month		Day	Y	Par
		(Type or print)	Clearence		Pinkney		uckett		DEATH	900	-	16			9 58
	5. \$		_		IED NEVER MARRIED		DATE OF BIRTH			9 AGE (In year	ars !	FUNDER 1 Manths [YEAR I	Hours	Min.
		lale	Colored	WIDOWE			ay 14-1				угз.	In ciris		10.0010 9	
1	_	applied wast of w	TION (Give kind of work orking life, even if retired n Laborer	done 10b.	X X X X X X X X X X X X X X X X X X X		Montg					12 CITIZ	ZEN OF	WHAT	COUNTRY?
]	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME						
İ		Ųn	known				Rache	1 Chu	rn.						
	15. (Yes	WAS DECEASEDE	VER IN U. S. ARMED FOR	arvica1	SOCIAL SECURITY NO.		ORMANT				Addre				
1		No		2	20-10-5571	Cor	a Ducke	tt - /	415 C	arrollt	on	Drive	e-Fr	ed.	Md.
		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)							INTERVAL BETWEEN ONSET AND DEATH						
		Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause lost. DUE TO DUE TO (b) (c)													
)										N IN PART	***	WAS A PERFOR	MED?		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERF YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 18 of item 18.) OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)														
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e.m. P. m. 19 10 11 10 11 11 12 12 10 10 10											(State)			
		21, 1 certify	that I attended the	deceas	ed from	15-	6 که ۱۹	. to . /	0-/	6 , 19,	58	that I la	ast son	w the s	leceased
		alive on/	10-1-	19	8 , and that a										
										lreet, city or to					E SIGNED
·		ACTUAL SIGNATURE	De l'	77/	rolle	M	D							10-	12-5
		PHYSICIAN'S NAME (Type)	Rex Martin			3	5 EChur	ch St	reet 1	Frederi	ck,	Mar	ylar	ıd	
	220	BURIAL, CREMAT	TION, 225. DATE THEREC)F	22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCA	TION (City, to	vn, ar	county)		(State	
		urial	Oct. 20-	58	Fairview					erick.					
		FUNERAL DIRECTO		33	ADDRESS			24a. REC'E	BY REGIST	TRAR 24b. R		RAR'S SIGI			
	U.D	MALTES T.	Hicks 111 H	reae	rick, Maryl	and		DATE	1 5 6	6. V	الحالب	d.	/inali	(All	

MARYLAND STATE DEPARTMENT OF HEALTH_RAITIMODE 19



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

YES NO []

Year

1958

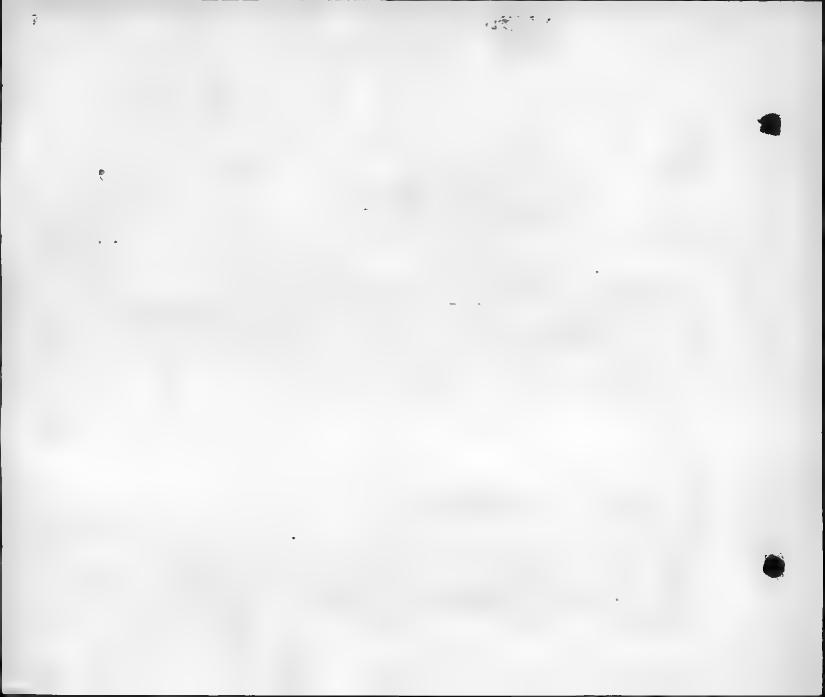
Rea. Dist. No.

FREDERICK

Day

DWED 2 DIVORCED 12/8-1877	lost birthday)	Months Days	Hours	Min
0b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or forei	~~ /."	12. CITIZEN	OF WHAT	COUNTRYS
SELF MARYLAND	g , ,	U.S		
14. MOTHER'S MAIDEN NAME		001	7.00	
MARRGARET	STULL			
16. SOCIAL SECURITY NO 17. INFORMANT	Addri	:61		
217-18-7113 MRS GEORGE FLOHR	LADIES	BURG N	D	
r line far (o), (b), and (c))		IN IN	TERVAL 8E	WEEN
ihranic MyscardiTi	5		1 211	127-K
,			6	
Terio-solesofic Hear	1 Disco	150	2 -440	ard
enerolized Hotertose	lerouis		***	
IS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS			19. WAS A	
scular Necidenii.	10-11-3	, 2	YES [NO 🗂
ESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or	Port II of item 18.)			
f. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. factory, street, office bldg, atc.)	(City or town)	(Count	n	(State)
wark of work				
ased fram. Oc.T. 11 , 1952, ta Oc.T.	8 , 19.5%	that I last	saw the	deceased
255, and that death accurred at 1.304M, t	ram the causes a	d on the d	ate state	d abave
				a abare.
ADDRES	\$ (Street, city or town, s	tate)	DA	TE SIGNED
	\$ (Street, city or town, s	tate)	DA	TE SIGNED
Language M.D. Janey Tox	\$ (Street, city or town, s	tate)	DA	TE SIGNED
mp son 22c. NAME OF CEMETERY OR CREMATORY 22d. 10	S (Street, city or town, s	tote)	DA	TE SIGNED
MD SON 22c. NAME OF CEMETERY OF CREMATORY 22d. 10	S (Street, city or town, so LLLL 1, LIAR. DOCATION (City town, or WOOD GISTRAR 24b. REGIST	county)	DA	TE SIGNED

VS A1S (4) 1SM 9/SS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11320 CERTIFICATE OF DEATH

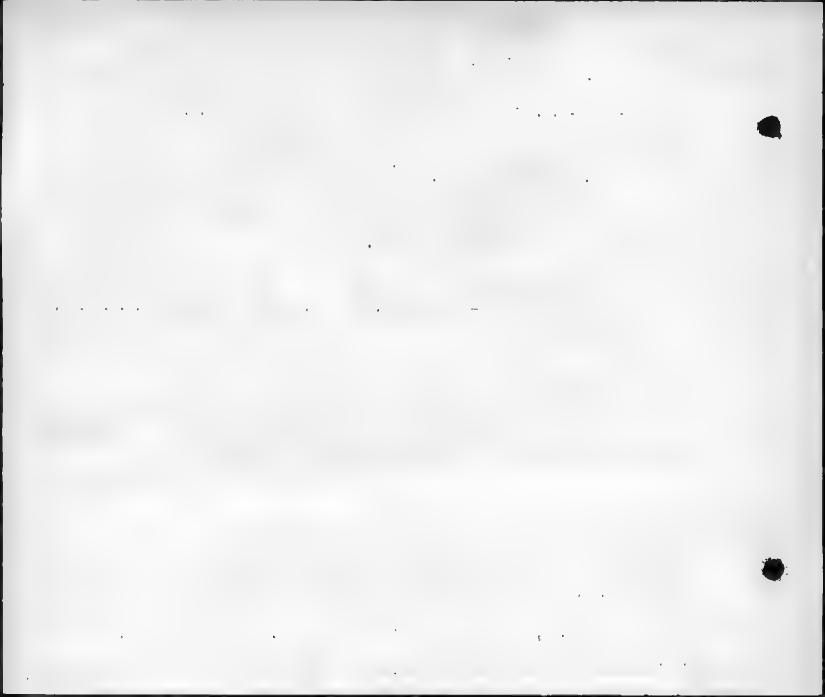
CERTIFICATE OF DEATH

Ren. Dist. No.

	PLACE OF DEATH COUNTY Frederick	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Maryla	re deceased lived If institution and b. COUNTY	Residence before admission) Frederick
	RURAL and give nearest town?	NGTH OF STAY IN 15 BATS		tside corporate limits, write RU C—Rural—R.D.#	
^	d NAME OF HOSPITAL (If not in hospital, give street oddress OR INSTITUTION Mountaindale	()	/ d. STREET ADDRESS / Milliountain	ndale	e IS RESIDENCE ON A FARM? YES NO N
	3 NAME OF CALSO KITOWN AS JULY PROPERTY OF PRINTINGS	enni mgs B. F. B.	ogle) toss FOGLE	4 DATE Month OF DEATH OCTO	ober 11, 19 58
	5. SEX 6. COLOR OR RACE 7 MARRIED A		ctober 14, 18		Months Doys Hours Min
1		of Business or Industrie Roads Comm		r foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Grant Fogle			linda Mae Eyle	
	No (19 No or unknown) (If yes, give wor or dotes of service) 21.6—	07-7545 Mr.	Merle W. Fog	tle , Frederic	
	18. CAUSE OF DEATH [Enter only one cause per line for (PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)		y occlining	No.	INTERVAL BETWEEN ONSET AND DEATH
	gave rise to immediate outs (a), stating the under	n'v school he	tonet De	50050	apr 10 4 .5
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	o vascula	e discour	ς.	N IN PART I(a) 19. WAS AUTOPSY PERFORMED?, YES NO
		HOW INJURY OCCURRED.	(Enter nature of injury in Po	ort I or Part II of (lem 18)	
		OCCURRED 20e. PLAC Not while focto	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the deceased from		, 19 No. 10 12:00A	4/11 19 52 M, from the causes or	that I lost saw the deceased above.
	SCHALL Rafe L. Wiss	<u> </u>	D. Shopping Ce	ookess (Street, City or town, stember,	10/13/58
	PHYSICIAN'S Dr. R. L. Michels		Frederick,	Maryland	
	REMOVAL (Specify)	NAME OF CEMETERY OR hurch of the		22d. LOCATION (City, town, or Frederick Co	county) (Stole) Dunty, Maryland
	23 FUNERAL DIRECTOR'S SIGNATURE A	ADDRESS	24g REC'D	BY REGISTRAR 246 REGIST	RAR'S SIGNATURE
	M. R. Etchison & Son, Frederi	ick. Marylan	d DATE OU	T 1 6 '58	Sun X Minua

d be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

• FUNERAL DIFFOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should cetached far use as the burial-transit permit. Then please remave carbon papers. Falles I and 2 the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death. TO FUNERAL D'A TO HOSPITAL OR VS A15 (4) 15M 10/57

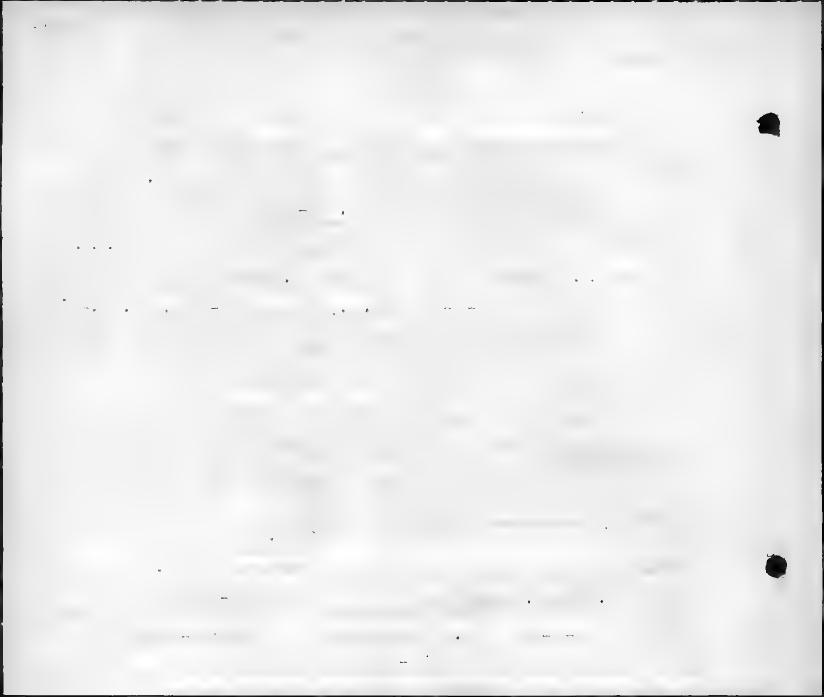


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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



	1132	1 CERTIFICA
X	1. PLACE OF DEATH COUNTY Frederick	MARYLAND
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TURAL Ijamsvilla	c. LENGTH OF STAY IN 16
IX	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION INCOME.	oddress)

2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) o. STATE Maryland b. COUNTY Frederick	
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5	

	_									
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) "UPAL Ijamsvilla	c. LENGTH OF STAY IN	1b c	CITY OR TOWN (IF or Freder		ote limits, write RU ural RD#5		e nearest fow	n)
X		d. NAME OF HOSPITAL (If not in hospitel, give street or INSTITUTION HOSPITAL		7	street address Braddo	ock			e. IS RES	A FARM?
	1	NAME OF Catherine Fitt	Middle G	raha		4. DATE OF DEATH	oct	15	Day	Year 19 58
	5. 9	remale white ""	RRIED NEVER MARRIED [re of BIRTH rch 4 187				YEAR IF UND	ER 24 HRS Min
	10o	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work	At Home	NDUSTRY	VI. BIRTHPLACE (Stole of Unik	or foreign cou	unity)		S.A.	COUNTRY
	13.	FATHER'S NAME		14.	MOTHER'S MAIDEN NA	AME				
1		Unk			Unk					
)	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	UNK	17, інго яі Но <i>з</i> р	want ital Record	is	Addre	158		
		1B. CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) A 70 DUE TO		tic	Heart Dis	ease			INTERVAL BE ONSET AND 3 Y	
		Conditions, if any, which gove rise to immediate cotse (a), stating the <u>under-lying cause last</u>	eneralized	Arte	riosclero	sis				
)	CERTIFICATION									
		20g ACCIDENT WAS UNDERLYING 1 20b. DE OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	JRRED. (En	er nature of injury in P	ort I or Port	ll of item 18.)			
	MEDICAL	Hour o, m, Whil		factory,	F INJURY (Hame, farm, street, office bldg., etc.)	20f (Cily	or town)	(Cou	nty)	(State)
		21. I contifue that I attended the decay	May 20)	1055 - 00	1 15	10.58	Alexa I I	A 4 h	4

and that death accurred at 7.445PM, from the causes and an the date stated above. alive an OCt DATE SIGNED ACTUAL SIGNATURI 10-15-58 PHYSICIAN'S

NAME (Type) Josep	h <u>Lerner</u>	M.D.		Ljamsy	ille Md.	
20 BURIAL, CREMATION, 226. I	DATE THEREOF	22c. NAME OF CEMET	ERY OR CREMATOR	Υ	22d. LOCATION (City, fown,	
Burial (Specify))-18-58	Frederick	Memorial	Park	Frederick,	Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS M. R. Etchison & Son, Frederick, Maryland

240. REC'D BY REGISTRAR DATE OCT 2 0 58

246. REGISTRAR'S SIGNATURE
OLLING S. Frank

(Stote)

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page After this certificate has been signed by the attending physician and campletely filled hed far use as the burial-transit permit. Then please remove carban papers. Pages 1 of may be retained by the haspital or attending physician.

TO FUNERAL Describes After this certificate has been signed By the attending I page 3 should retached for use as the burial-transit permit. Then please retthe registrar prior to burial, cremation, or removal, and in any event with \$72. by the haspital or attending physician TOR: After this confidence TO HOSPITAL OR

in by

"AL EXAMINER: This confificate should be executed within 24 hours after death. If any delay is e, writing the word "pending" in penal in 18m 18. Give Pages 1, 2, and 3 to the funeral direction of the following the word "pending" in penal 18m 18m. Page 5 may be retained for your files. "Chief Medica. Examiner's Office along with form PM3. Page 5 may be retained for your files. "Chief Medica. Examined as a burief-transit permit. File pages "Tand 2 with the registrar prior."

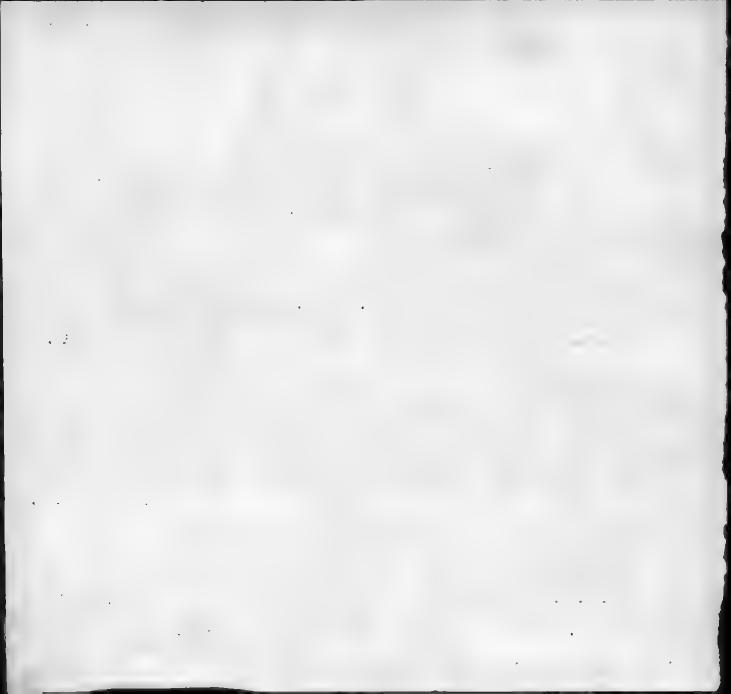
ourigl, cremation, ory, please ex-

> cute the cerl forwarded to TO DEPUTY M. VS. A15ME(5) 5M 9/55

ar removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	44201						Reg. Dis	t. No.	
PLACE OF DEATH	11061		2. L	SUAL RESIDENCE (Where deced	sed lived. If Institu	tion: Residen	ce before admis	sian)
a. COUNTY F1	rederick	MARYLA	UND 0	STATE Mary	land	b. COUNT	Y Fr	ederick	
	autide corparate film tu write RURA	c. LENGTH OF STAY IN	l lb c	CITY OR TOWN	f autside cor	parate limits, write	RURAL and	give nearest tax	vn)
and give recreit fown		Year	28 1/.	Buck	eytown	a			
		in hospital, give street address)	19	STREET ADDRESS	*			ON	S DENCE A FARM?
3 NAME OF	First	Middle		Last	4. DATE	Mont	h	Day Ye	BOT
(Type or print)	HERBER		V.	GRIMES	OF DEATH	Octo	ber	9. 19	த 8
5 SEX		MARRIED NEVER MARRIED				9. AGE (In years	IF UNDER 1		R 24 HRS
_		DOWED DIVORCED		uary 19,	1883	75 yrs	Months D	lays Haurs	Min.
Male	17223.00	106, KIND OF BUSINESS OR IN				1	12. CIT Z	EN OF WHAT	COUNTRY
Owner and	g life, even if retired)	General Store		Maryla				USA	
13. FATHER'S NAME	operator	odicial oboic	114.7	AOTHER'S MAIDEN					
13. IMITER 3 IMME	George Grim	A C	1.4.			e Moberly	r		
16 WAS DECEASED BY			17. INFORA			Address			
[Yes, no or unknown]	(If yes, give wor or dates of service	None		Edna K. (irimes.		4.4		
No			TITL D 4	mules 11.	AL JERCO		2000007	T	
	TH Enter only one couse pe							ONSET AND DEA	TH
4 500 5	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	CARBON MONOX	IDE PO	DISONING				15 Ma	211.0
173.7	DUE TO								
Conditions, if a	10/								
gave rise to immed (a), stating the								}	
couse lost.	(c)							<u> </u>	
PART II. OTH	ER SIGN FICANT CONDIT C	MS CONTRIBUTING TO DEATH	BUT NOT RI	LATED TO THE TERM	AINALDISEA:	SE COND TON GI	VEN IN PART	1(a) 19. WAS A PERFO YES	RMED?
20g. EXTERNAL CAL	JSE WAS 20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter n	oture of injury in Po	ert I or Port I	I of item 18.)			
PRIMARY Or CO	Fi	com Auto in gar	age a	t rear of	house	3			
3 20c. TIME OF INJU		20d. INJURY OCCURRED 20e	PLACE OF	INJURY (Hame, far	m, 120f (Cit		(Caur	rly)	(State)
Hour a.m.	19	While Not while of work of work	Gara	ge at Home		Buckeysto			
21. I certify the	nat I took charge of	the remains described	above,	neld an Autop	sy L,	Inspection 🗶	, Inquiry	/ IL, and f	find the
death resulted	from: Natural caus	ses , Accident ,	Suicide	X, Homicid	le 🔲, L	Indetermined -	cause 🔲.		
ACTUAL	13/2/			CHIEF MEDICAL I	EXAMINER [1		DATE S	IGNED
SIGNATURE	7 000		M.1.	ASSISTANT MEDI					
EXAMINER'S NAME (Type) D	r. B. O. Thom	as		DEPUTY MEDICAL]	10/10/19	758
	N. 226. DATE THEREOF	22c, NAME OF CEMETER	LY OR CREA	ATORY	22d, LOC	ATION (City, town,	or county)	(Stole	0)
REMOVAL (Specify)	Oct.11,1958	Frederick	Men or	lal Park	Fr	ederick,		Maryla	and
23 FUNERAL DIRECTOR		ADDRESS		24a REC	D SY REGIS	STRAR 246. REG	STRAR'S SIG	NATURE	
M. R. Et.	chison & Son-	Frederick, Mar	rvland	1	CT 1 4 "	58	10000		



VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11291 CERTIFICATE OF DEATH

	Negr Plat 140.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) 3 weeks	X Good. Dutent
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e 15 RESIDENCE
Francisk Memorial Haspital	ON A FARM? YES \(\) NO \(\)
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) LAUTRA A.C.	GRIMES DEATH (act, 31 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min
WIDOWED P DIVORCED	april 22, 1887 69 m
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife our home	maryland U.S.A.
13. FATHER'S NAME U	14. MOTHER'S MAIDEN NAME
John Bowers	margaret llun togle
(Yes, no. or unknown) (If yes, give war or dates of service)	INFORMANT / Address
219-20-44181m	ri Clarence O. France, New Wendow, M.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	" INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1al Hemorha)
DUETO	
Conditions, if ony, which (b)	
cotise (a), stating the under DUETO	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
S I M	AEZ NO S
206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURRI CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) sclory, street, office bldg., etc.) !
Hour o. m. P. m. 19 White Not white of work at work	-17- 50 - 100 a
21. I certify that I attended the deceased from 1/11	19) no last saw the deceased
alive an // 19 X, and that death	
1/1500	Appress (Street, city or town, State) 7 DATE SIGNED
SIGNATURE SIGNATURE	MD. Alansville Myss
74011111111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PHYSICIAN'S (5-, 77, /V F) (7/11
270 BURNAC, CREMATION, 276. DATE THEREOF 22c. NAME OF CEMETERY C	R CREMATORY 22d LOCATION (City town, or county) (State)
BANKAL MEN. 2, 1958 ROCK WHILE	cemetery m. Woods born nul
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
& C. Barton Walkerstelle	mal DATENDY 5 158 Civilian S. Phranks

Furniture

20b. DESCRIBE HOW INJURY OCC

Not while ot work or work

ADDRESS

Tavlorsville

Winfield, Maryland

20d. INJURY OCCURRED

M. Hipsley

during most of working life, even if retired)

Charles

PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).

DUE TO

DUE TO

Doy.

I certify that I attended the deceased from

22b. DATE THEREOF

Waltz.

PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT

_nt

Merch

400.00

lying couse lost.

CERTIFICATION

MEDICAL

Conditions, if any, which gove rise to immediate

cotse (a), stating the under-

20c. TIME OF INJURY Month,

p. m.

23 FUNERAL DIRECTOR'S SIGNATURE

Hour o. m.

alive on_

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify)

20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

13 FATHER'S NAME

ves

11200

CEDTIEIC	TE OF DEATH				-	TO	UA
CERTIFICA	TE OF DEATI			Reg. Di	st. No.		
	2. USUAL RESIDENCE (WI	here decease	d lived. If institution b COUNTY	ni Residen	ce before	odmissi	an)
MARYLAND	Maryl		Ut.	rrol	1		
E. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside carpo	prote limits, write RI	JRAL and q	give neare	ist fown)	
hrs.		11	It. Airy				J
ldress)	d STREET ADDRESS				e	IS RESI	
oital	at Tay	lorsy	rille			YES 🔲	ио 🛅
Middle	Lost	4 DATE OF	Mon	h	Day	Y	'ear
[,	tiPS/EU	DEATH	0 c	t.	19,	1	958
DE NEVER MARRIED	B. DATE OF BIRTH		9 AGE (In years lost birthdoy)	IF UNDER		Hours	R 24 HRS
DIVORCED	1-24-1896		62 yrs.	MOININ	Days	riours	min
ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or foreign o	ountry)	12. CIT	IZEN OF	WHAT	COUNTRY?
niture	Maryl	and			U.S.	•	
sley	14. MOTHER'S MAIDEN I	_	ver				
	recemant es. Minnie	B. Hi	Addr	es Sem	e		
for (o), (b), and (c).]	,		100101		LINTER	VAL RET	IWEEN
- t- P	Of.	1-	-			AND	
Me covery	in chon				16	<u> </u>	177
Oo A	- //	+ 1.	1		111.	_ ~~ .	
representation.	e Hear	Coc	acazı		4-	7	2000
NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	` '	WAS A PERFOR	NUTOPSY RMED?
IBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Por	t II of item 18.)				4
URY OCCURRED 20e. PU	ACE OF INJURY (Home, formatory, street, office bidg., etc.)	n, 20f. (Cit	y or town)	(0	County)		(Stole)
from 10/19	, 1958, 10_/	0/19	1956	that	ast sav	, the	docacie
	occurred of 105/		n the course o	nd on 4	na dos-	abot-	d share
2 /	ottomod ottomic		Ireet, city or town,		10 0016	PA	TE SIGNED
have-	40 HE. (6 111	6/2	54	10	1/19	15-8
	n.v					p-4-4-	4
hase	Frede	2260	KMS	<u> </u>			
22c. NAME OF CEMETERY 4	-CREMATORY	22d LOCA	TION (City, fown, c	r county)		(Stote	}

Co.

246. REGISTRAR'S SIGNATURE

240 REC'D BY REGISTRAR

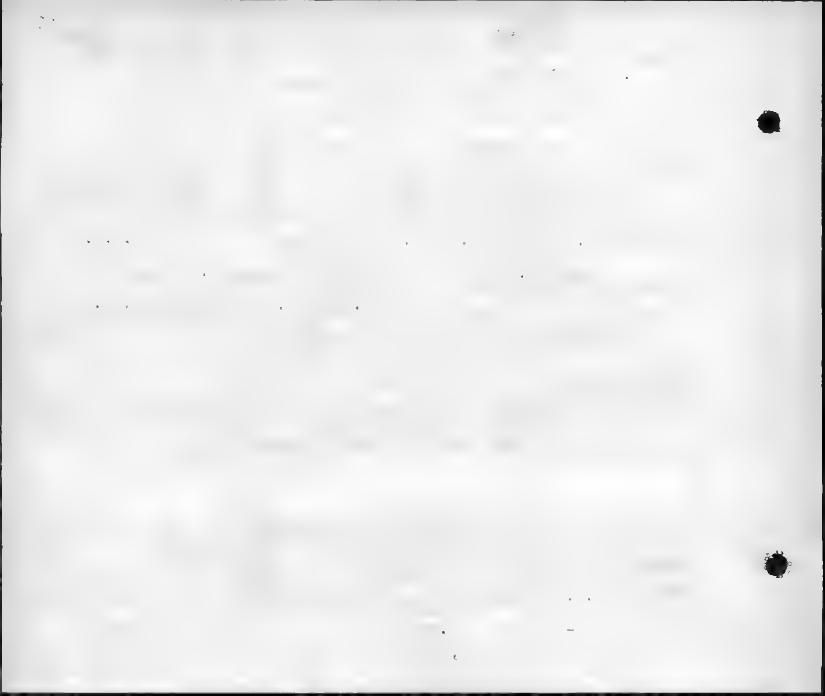
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director Page the death certificate be executed within 24 hours after death. erai 30 in by and 2 Filled completely popers. death. ond carban hour offer physician puo cremation, or remayal, Jetoched for use 90 prior TO FUNERAL DI Page 3 should TO HOSPITAL OR VS A1 (4) 15M 9/55



11323 **CERTIFICATE OF DEATH** Reg. Dist. No. filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) e. COUNTY o. STATE **b.** COUNTY FREDERICK FREDERICK MARYLAND after death CITY OR TOWN IIf outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town BUNSWICK HEIGHT d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS ON A FARM? OR INSTITUTION YES NO VINDOB NAME OF 4. DATE Middle Year DECEASED OF DEATH (Type or print) october 195 IF UNDER TYEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) Months WIDOWED T DIVORCED [7] 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Retired R.R. Clerk B.&.O.R.R.Co Maryland oud 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Lewis E. House Mary J.Barnard IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Mrs.Leona B. Moler.Brunswick.Md. Νo 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO remany of Oresto 342 an DUE TO permit. Conditions, if any, which gove rise to immediate **DUE TO** cottse (a), stoting the underlying couse lost. PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NO. 119, WAS AUTOPSY PERFORMED? YES TO NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) a, m. Not while at work 21. I certify that I attended the deceased from and that death accurred at 1636P M, from the causes and an the date stated above. ACTUAL SIGNATUR prior Ö P PHYSICIAN'S Maryland Frederick H.L.Fahrnev NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) pode 10-18-58 St. Marys Petersville, Maryland 0 23. EUNERAL DIRECTORIS SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Brunswick. Warvland VS A1S (4) DATE OCT 2 1 '58 Contras S. Kraus 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



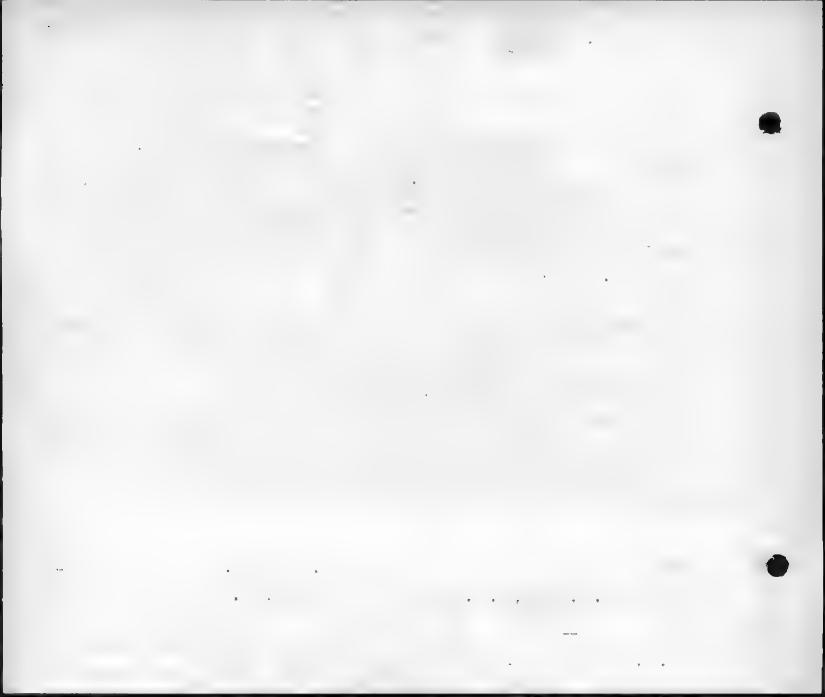
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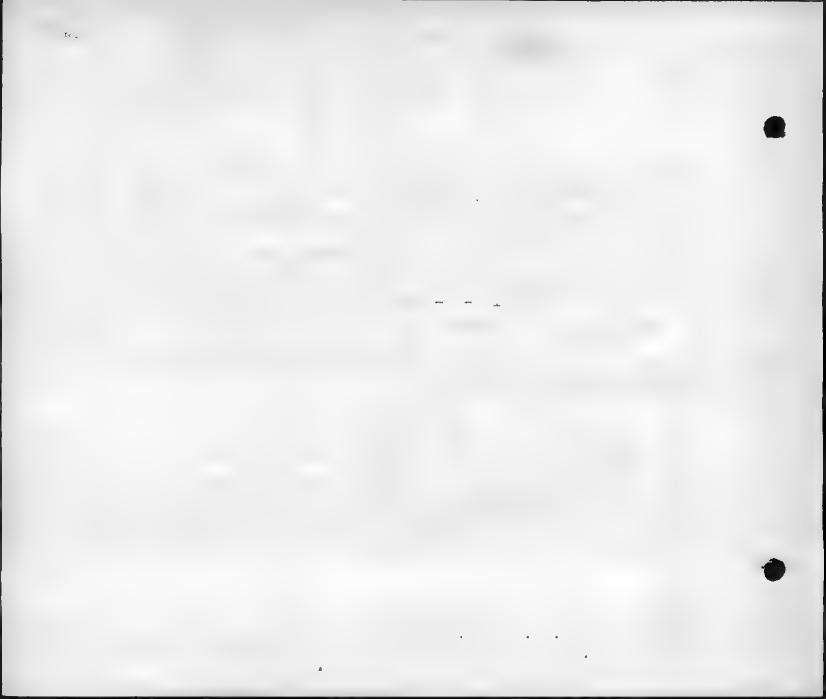
ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
11324	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

		2 0=1(1111)		Reg. D	ist. No.
1. PLACE OF DEATH			2 USUAL RESIDENCE (WHO O. STATE	ere deceased lived. If institution Reside	nce before admission)
Fr	ederick	MARYLAND	Maryla Maryla	ind b. COUNTY Fre	ederick
b CiTY OR TOWN RURAL and give	(If outside carparate limits, wi		c CITY OR TOWN (If o	utside corporate limits, write RURAL and	give nearest town)
Frederick	-Rural	Since 7/58	Freder	ick	
OR INSTITUTION	TAL (If not in hospital, give st		d. STREET ADDRESS	th Wantert Charact	e IS RESIDENCE ON A FARM?
	County Chronic		023 NO	orth Market Street	YES NO X
3 NAME OF DECEASED (Type or print)	First IDA	Middle M •	JOHNSON	4. DATE Month OF DEATH Octobe	Doy Year er 2, 19 58
SEX	6. COLOR OR RACE 7.	WARRIED NEVER MARRIED	8. DATE OF BIRTH		R TYEAR IE UNDER 24 HRS
Female	White win	OWED DIVORCED	4 June 1870	lost bythdoy) Manths	Days Hours Min
during most of we	ON (Give kind of work done) rking life, even if retired)	106. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (Slote	or foreign country) 12 CI	ITIZEN OF WHAT COUNTRY
Self-Emp		Seamstress	Marylar	ıd	USA
3. FATHER'S NAME			14 MOTHER'S MAIDEN N	IAME	· · · · · · · · · · · · · · · · · · ·
Charles '	W. Johnson		Unknown		
S WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO 17.	INFORMANT	Address	
No	fit has due was as once as secured	None I	Mospital Record	ls (Same as item #	(1)
18 CAUSE OF DE	ATH [Enter only one couse p	er time far (a), (b), and (c) }			INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	Chronico du	MARKALLET		ONSET AND DEATH
422	DUE TO	A 4-	The same of the sa		77.
Canditians, if	ony, which)	Walker D	Permain		2462
gave rise to	immediate (Dus TO	0	COP ENCYP	6 1	1 / 10.
tying cause last	THE UNDER!	Takesth d	serse rug	listreast	
PART II. O	THER SIGNIFICANT COND TIC	INS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19 WAS AUTOPSY
		V			PERFORMED? YES NOXX
OR CONTRIBUTION	/AS UNDERLYING ☐ 20b. G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in F	ort I or Port II of item 18.)	
		od, INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm	20f. (City or town)	(County) [State)
Hour a.m.	w	hile Nat while work at work	factory, street, office bldg., etc) !	(coonty) (amie)
p. m,			C 60 //	11/2 5	
	bat I attended the dec	eased from July &			last saw the decease
alive an	101.1	21.2. and that dea		M, fram the causes and an i	
ACTUAL	HIND.	1		ADDRESS (Street, city or lown, state)	DATE SIGNE
SIGNATURE	11/40		M.D. 7 N. Marl	(et ot.	10-3-58
PHYSICIAN'S NAME (Type)	H. F. Kline,	M. D.	Frederic	c, Md.	
	ON, 22b DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City fown, or county)	(State)
Burial (Specify	" 10- 4-58	Mount Olive	et Cemetery	Frederick, Maryla	
3. FUNERAL DIRECTO		ADDRESS		D BY REGISTRAR 246 REGISTRAR'S SI	IGNATURE
M. R. E	tchison & Son,	, Frederick, Man	yland DATE OF	F 6 '58 0 11 0	
			1 570	f b 38 1 7 1 8	Formula.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY Files. Health, DESCRIPTION OF b. CITY OR TOWN province c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Julside corporale limits, write RURAL and a ve nearest town) d NAME OF HOSPITAL OR INSTITUTION e. IS RESIDENCE ON A FARM? YES 👔 NO 🗆 3. NAME OF Middle 4 DATE Month Year DECEASED (Type or print) DEATH 5. SEX B DATE OF 9 AGE In reon IF UNDER TYEAR IF UNDER 24 HPS Months Days Hours WIDOWED [DIVORCED 100 USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) appelle 13. FATHER S NAME 15. WAS DECEASED RYER IN U.S. ARMED FORCES? INFORMANT 18 CAUSE OF DEATH [Enter only one course per line for ia), (b), and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (o), sloting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO V 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Fort II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stole) Hour a m factory, street, office bldg., etc.) While Not white at work at wark 21. 1 certify that I taak charge of the remains described abave, held an Autapsy [], Inspection 💘, Inquiry 🔽 and in my opinion death resulted from: Natural causes 2, Accident , Suicide , Homicide , Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22d LOCATION (City, lawn, or county) 220 BURIAL CREMATION 225 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) .1958 N.Bergen New Jersey 24g REC'D BY REGISTRAN 246 PEGISTRAP'S SIGNATURE VS A15ME Cirilian & France 5M 2 57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH exe Description necessary, please extar. Page 4 shauld PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) Frederick o. STATE b. COUNTY Frederick Marvland MARYLAND b. CITY OR TOWN (If outside corporate fimils, write BURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town Since 1/23/58 Frederick-Rural Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE director ON A FARM? prid (County Home Montevue 12h West Patrick Street YES NO. the registrar 3. NAME OF 4. DATE First Middle Day Year 0 retained far your DECEASED OF DEATH JOHN WESLEY McDONALD KOHLENBERG 1958 (Type or print) October 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR. IF UNDER 24 HRS. the Months Hours Male White Oct 1871 WIDOWED | With DIVORCED I 3 70 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? pup CV during most of working life, even if ratired) ofter 2, and þe and Retired Farmer Farm Owner Maryland USA att. may d 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME _ podes Pages 7 John Kohlenberg Ellen Trout 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give No (Same as item #1) None County Home Records P.M.3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Fractured Neck bed Instant alang with far 702 DUE TO Conditions, if any, which gove rise to immediate couse **DUE TO** (o), stating the underlying couse lost. pending" in iner's Office o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY ô PERFORMED? 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18) Fell from third story window of County Home Exam should ward 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not while work factory, street, office bldg , etc.) WED the Frederick-Frederick-Maryland 10-21- 1958 County Home of work of work writing th hief Med.c 21. I certify that I taok charge of the remains described above, held an Autapsy , Inspection X, Inquiry X, and find that ote, writ Chief death resulted fram: Natural causes , Accident XX, Suicide . Homicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MED CAL EXAMINER B. O. Thomas, M. D. cute the DEPUTY MEDICAL EXAMINER 10-22-58 NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) for 0 10-23-58 Mt. Olivet Cem. Frederick. Laryland 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland Colley & First

VS A15ME(5) 5M 9/55

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EXAMINER:

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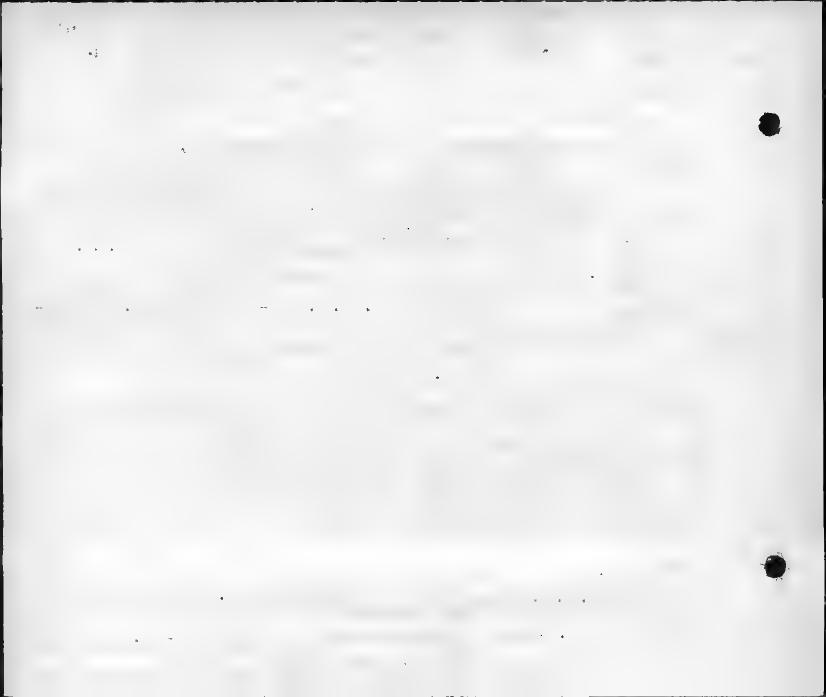


Frederick-Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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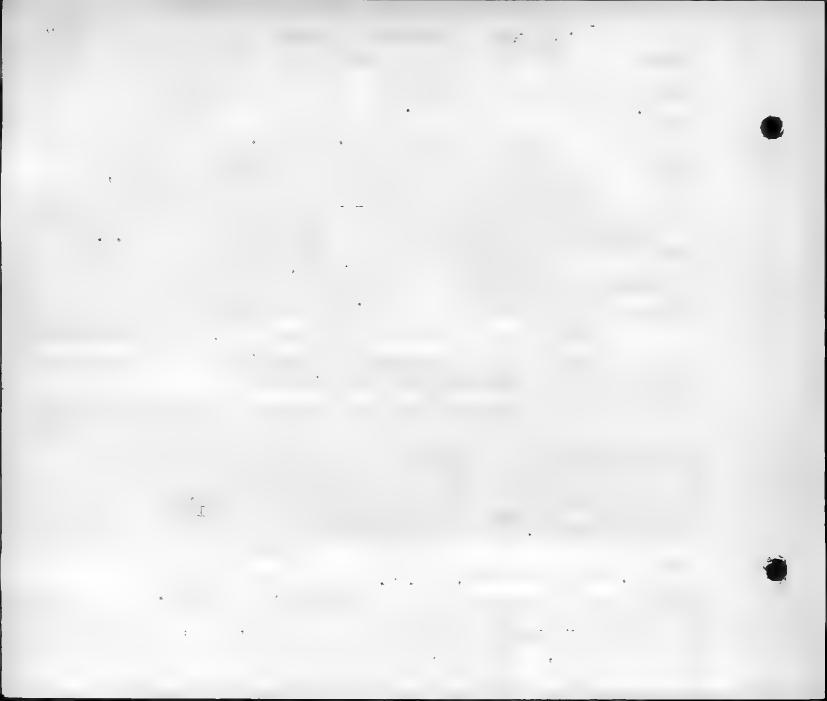
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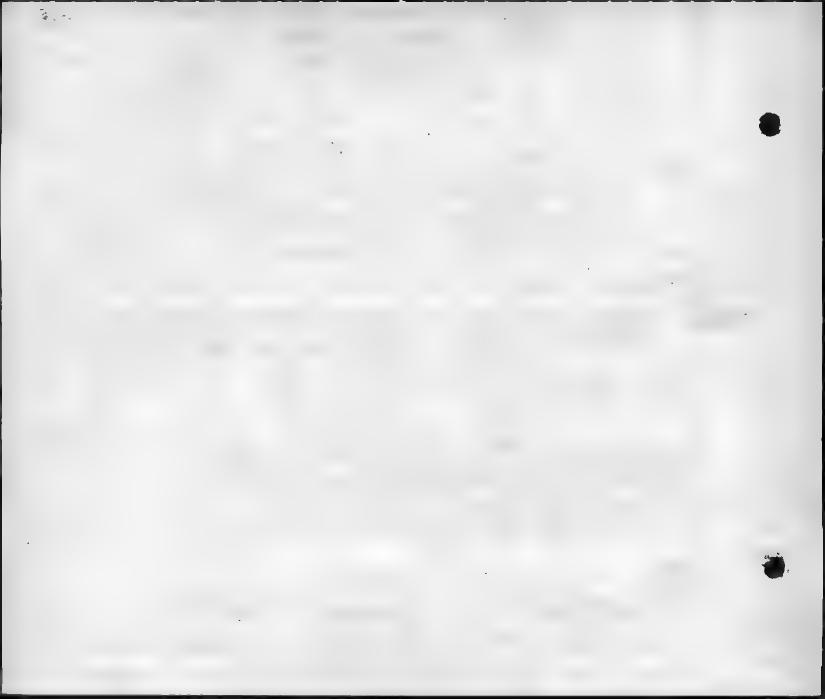
within 24

requires that the death certificate be



VS A15 (4) 15M 9/55

2 Carine	CERTIFICA	AIL OI DEAI		Reg. Dist	. No.
1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived	If institution Residence	before admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	66 ms	A	outside carparale lii	mils, write RURAL and gi	ve rlearest town)
d NAME OF HOSPITAL (If not in hospital, give street oddre	4	d STREET ADDRESS	4 7 3	WY CIT	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) OU, SAL	Middle E13H L R	Lost	4. DATE OF DEATH	Month /	Day Year 1953
XI ALL IFHITL WIDOWED	DIVORCED 🔲	B. DATE OF BIRTH	18 97 los	t birthday) Months (YEAR IF UNDER 24 HRS Days Hours Min
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 5 +	OF BUSINESS OR INDUS	· ·	or foreign country) 人人ルム		ZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	A/P/2	SunAn	A win of
	-10-3297	NFORMANT	esthi.	Address	1 / 12.7
1B. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). 45 / X DUE TO Conditions, if any, which) (b)	A	inym ?	aorta		INTERVAL BETWEEN ONSET AND DEATH
gave rise to immediate cause (a), stating the <u>under-lying couse last.</u> DUE TO Column Column					
PART II. OTHER SIGNIFICANT CONDITIONS CONTI					1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of	item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a. ji. p. m. 19 of work	Not while for	ACE OF INJURY (Home, farr lory, street, office bldg , etc.	n. 20f. (City or too	wn) (Co	ounty) (State)
21. I certify that I attended the deceased frailive on	, and that death	occurred at 4.15	A-	causes and an the	ast saw the deceased e date stated above DATE SIGNED
**REMOVAL (Specify) // / / / / / / /	NAME OF CEMETERY O	4	and the	City, town, or county)	(Stote)
may a series of the series of	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S SIGN	



death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11295 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY o STATE b. COUNTY MARYLAND Frederick ary and Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give nearest town) Lifetime Frederick Frederick d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE Frederick Memorial Hospital ON A FARM? Route YES TO NO NAME OF 4. DATE Middle Month Day Year DECEASED \mathbf{R}_{\bullet} Rush Lewis 23 (Type or print) DEATH Oct. 19 58 5. SEX 6. COLOR OR RACE 7. MARRIED THE NITE WAS A BATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Mala White Hours WARREST HANDS TO THE PARTY NAMED IN THE PARTY NAMED July 15-186/ yrs. 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farmar Own farm U.S.A 13 FATHER'S NAME 14. MOTHER S MAIDEN NAME Jacob Lewis Elizabeth Winger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address yes, give wor or dates of service! lewis-Jr - Halkersville-id. No Ranson R. None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) o day **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** cotse (a), stating the underchronen lying couse lost CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) a. m. While Not while 19 of work of work D. m. Oct 23 , 19,5 , that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 11:30P M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 7 N. Warket St. SIGNATURE PHYSICIAN'S Dr. H.F.Kline Frederick- Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Mt. Olivet Cemetery Biria Fraderick-Mentland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE

Frederick-Md.

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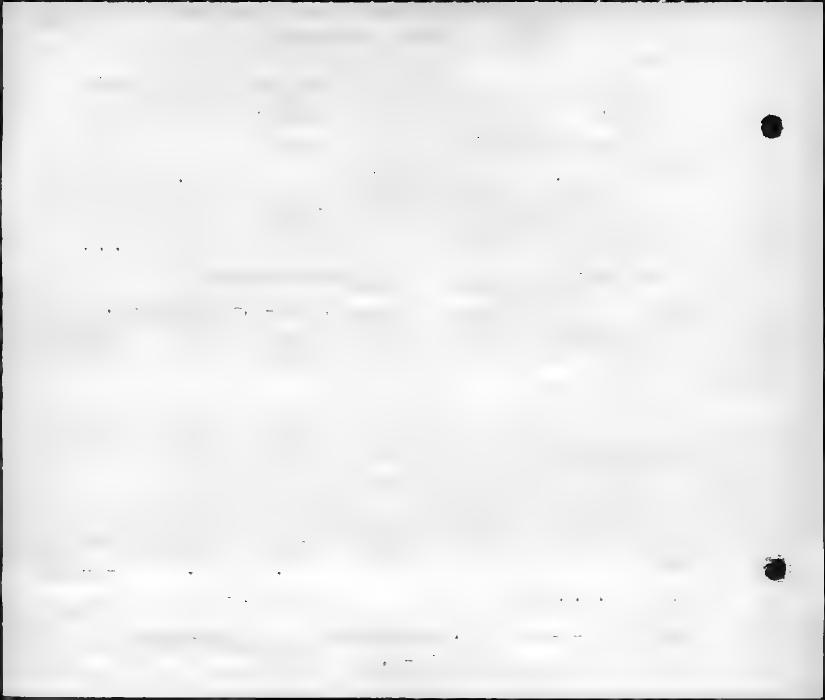
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CERTIFICATE OF DEATH

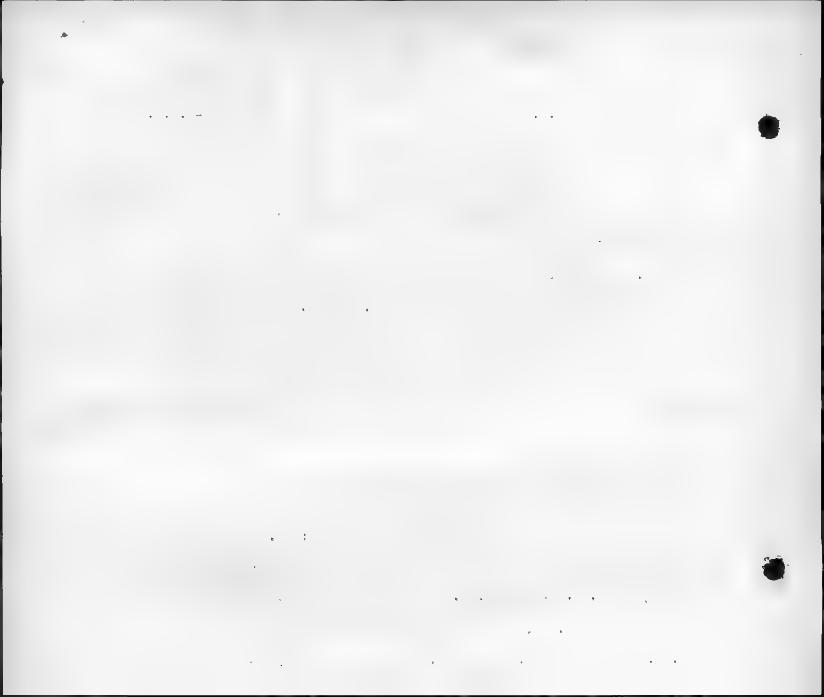
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_	11328	<u> </u>	III OI DUAII		Reg. Dist. I	No.					
1.	PLACE OF DEATH COUNTY Frederick	MARYLAND	n. STATE	here deceased lived If and	INTY _	efore odmission) ederick					
F	b CITY OR TOWN (If outside corporate timits, write RURAL and give reporest town) Frederick-Rural-R.D.#7	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, wi	rite RURAL and give						
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION OLd Receiver Road		d. STREET ADDRESS	eceiver Road	** • *** • ***	e. IS RESIDENCE ON A FARMAL YES NO P					
	NAME OF First DECEASED (Type or print) MARY	Middle CATHERINI	E LINTON	4. DATE OF DEATH	Month October	Doy Year 13, 1958					
5 5	Female 6 COLOR OR RACE 7 MARI		DATE OF BIRTH September 29	9 AGE (In y light birthd		AR IF UNDER 24 HRS ys Hours Min					
	USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if refired) Domestic	KIND OF BUSINESS OR INDUST At Home		or foreign country) Bryland	12 CITIZE	USA					
3	Dr. William H. Tyler		14 MOTHER'S MAIDEN	NAME Jane Robinse	on						
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16		FORMANT 3. Carl C. Ma	ay, same as :	Address item #2						
CATION	Conditions, if ony, which gave rise to immediate couse [a], stating the under-lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO NO NO NO NO NO N										
CAL CEXIII	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d II	CRIBE HOW INJURY OCCURRED NJURY OCCURRED 200. PEA	CE OF INJURY (Home, for	n, 20f (City or Jown)) {Coun	ity) (State)					
MEDIN	Hour o m 19 While of wor 21. I certify that I attended the deceas	k ot work	ory, street, affice bldg , ele			saw the decease					
	actual 4 y. Brum	and that death	accurred at 4:454	M, from the cous ADDRESS (Street, city or the	es and an the own, store)	date stated above DATE SIGNE 10/15/1958					
220	PHYSICIAN'S Dr. U. G. Bourne, Jr. Frederick, Maryland 20 BUR AL, CREMATION, 1226. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City town, or county) (Stote)										
	FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fr	ADDRESS	240 REC	4 7 150	, Marylar						

uneral director, d be filed with Page 4 ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours ofter death may be retained by the hospital or attending physicion.

TO FUNERAL Diff OR: After this certificate has been signed by the attending physician and completely filled in by page 3 should detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cromotion, a removal, and in any event within 72 lours after death. TO HOSPITAL OR VS A15 (4) 15M 10/57

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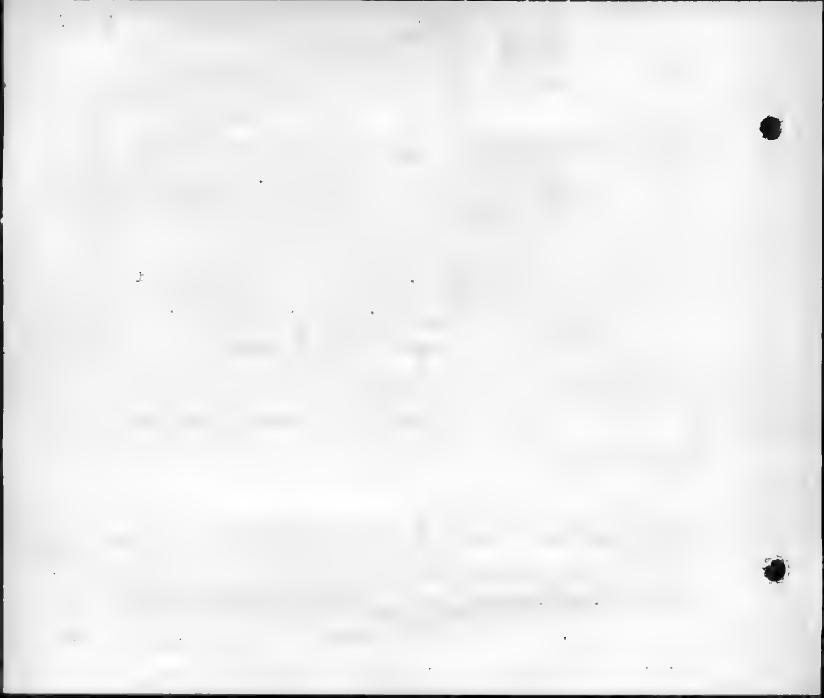


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11296 CERTIFICATE OF DEATH

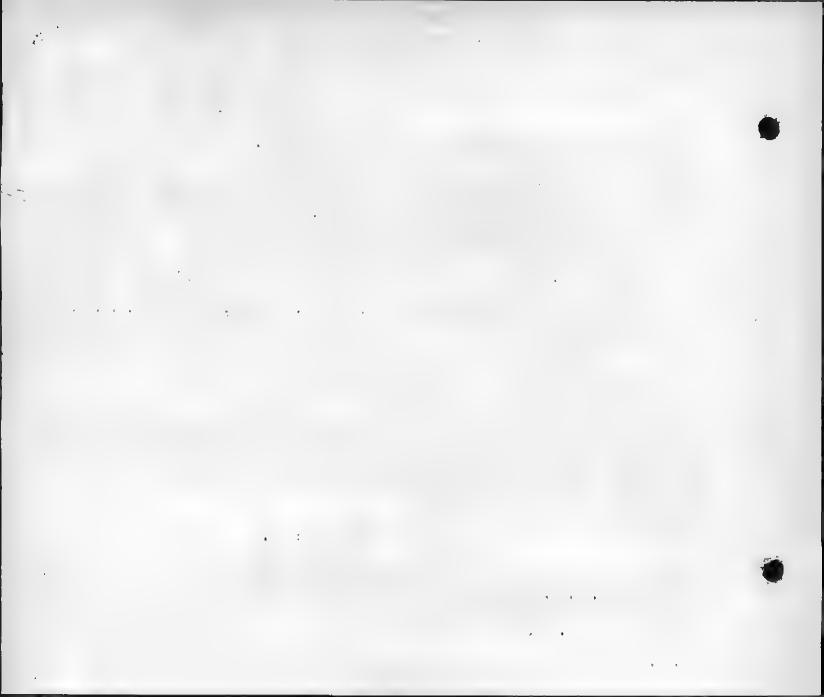
	,		•	Reg. Dist. No.						
1. PLACE OF DEATH a COUNTY Frederick	MARYLAND	CTATE	nere deceased lived. If institution.	Residence before admission) Frederick						
b CITY OR TOWN (If outside corporate fimits, wri										
RURAL and give neorest town) Frederick	Days	c. CITY OR TOWN (If outside carporate fimits, write RURAL and give nearest fown) // Frederick								
d. NAME OF HOSPITAL (If not in hospital, give strong NST TUTION Frederick Memorial Hospital		d. STREET ADDRESS	ast Second Stre	et yes No. 15						
3. NAME OF First	Middle									
OFCEASED (Type or print) THOMAS	JOSEPH	LUPARRELLO,	JR DEATH Octobe	er 27, 1958						
	MARRIED NEVER MARRIED (C)	B. DATE OF BIRTH August 30, 19	lost birthdayl a	FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min						
10a, USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDU!			12. CITIZEN OF WHAT COUNTRY						
during most of working life, even if retired) Infant	At Home	Max	ryland	USA						
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	NAME							
Thomas Joseph Lur			Lillian Scipill	ita						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) 1. Ill yes, give wor or date of service)		NFORMANT	Addres							
No No	None Mr	. Thomas J.	Luparrello, Sr	Same as Item #2						
18. CAUSE OF DEATH Enter only one cause po	er line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH							
PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)	14 mo									
7.54.5° DUE TO										
Conditions, if ony, which) (b)										
gove rise to immediate Cause (a), stating the under-	gove rise to immediate									
lying cause lost.	couse (a), arding the under-									
PART III OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	VIN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO						
206 ACCIDENT WAS UNDERLYING 1 206	200 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH									
A Hour o.m. W	M. INJURY OCCURRED 20e. PL/ hile Not while for work at work	ACE OF INJURY (Home, form clory, street, office bldg., etc.), i 20f (City or town)	(County) (State)						
	21. I certify that I attended the deceased from ang 30, 1958, to Oct 27, 1958, that I last saw the deceased									
alive on 0 0 2 2 4 1	6 7 7 2 4 204									
ADDRESS (Street, city or lown, stote)										
ACTUAL SIGNATURE TO A LE VI	Justin	MO. East Chu	rch Street	10/28/58						
PHYSICIAN'S Dr. Rex R. Mar	tin	Frederic	k, Maryland							
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or	county) (Slate)						
Burial Oct.29,1958	Mount Olivet	Cemetery	Frederick.	Maryland						
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 246 REGISTI	RAR'S SIGNATURE						
M. R. Etchison & Son	Frederick Mamy	DATE O	MT 9 0 150							



VS A15 (4) 15M 10/57

11297	CERTIFICA	TE OF DEATH		Reg. Dist. No.	,				
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla		ian Residence befare admission					
b City OR IOWN (If outside corporate limits, write RUSAL and give nearest town) LIECCETICK	LENGTH OF STAY IN 16 Days		onide corporate limits, write lesville-Rural	RURAL and give nearest town)					
d NAME OF HOSPITAL (If not in hospital, give street oddr. OR INSTITUTION Hemorial Hospital	ess)	, d street Address Near M	It. Pleasant	e IS RESIDE ON A FA YES ON	RM7				
3. NAME OF First DECEASED (Type or print) PHILIP	Middle KIEFFER	Lost MATN	4. DATE Mor	otober 1644, 19					
Male White WIDOWED	DIVORCED [June 6, 1883			Min.				
	d of Business or Indus rt House	TRY II BIRTHPLACE (Slole of Mary)	ir fareign country) and	USA	OUNTRY?				
3. FATHER'S NAME Henry L. Main		14. MOTHER'S MAIDEN N	ame 1 Rebecca Cli r	16					
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes no or unknown) [II yes, give wor or dotes of service) 21.2-		e. Elva V. Lo		lck R.F.D.#5, M	aryl				
PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), staling the under- lying cause last	or (0). (b). ond (c).) should observe the times to L	trucks.	reun + Le	INTERVAL BETWONSET AND DE	EEN ATH				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NOTE: NO ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II of item 18.) OR CONTRIBUTING 20 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur a. m. While Not while of work o									
21. I certify that I attended the deceased from June 10. 1958, to Child., 1958, that I last saw the deceased alive an Left 1958, and that death accurred at 3:25PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNATURE MD East Church Street 10/18/1958									
PHYSICIAN'S Dr. A. A. Pearre			c, Maryland						
220. BURIAL, CREMATION, 22b DATE THEREOF Oct. 20,1958	Mount Olivet		Prederick, h						
3. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son. Freds	ADDRESS erick. Marvla			ISTRAR'S SIGNATURE					

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 10/57 別

NARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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11298 CERTIFICATE OF DEATH

	4.4	M D C	OEK		716	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			Reg. D	ist. No.		1
1 PLACE OF DEATH o. COUNTY Fre	derick		MA	RYLAND	2 US U/ 0. \$1	Maryl Maryl			If institution.		nce before		ron)
b. CITY OR TOWN (RURAL ond give in Frederick		Years	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) // Frederick										
d NAME OF HOSPI OR INSTITUTION 128 East	TAL (If not in hospital, g Third Stree	pive street et	4		/d. S	TREET ADDRESS	Sast I	hird	Stree	et		ON A	SIDENCE A FARM? NO M
3 NAME OF DECEASED (Type or print)	ROS.	rst	Mide F	dle	MET:	Last STER	4. DAT OF DEA		Mon		Do 8.		Yeor 19 58
S. SEX	6 COLOR OR RACE	7. MARE	HED NEVER MAN	RIED [7]	8 DATE C			9 AGE	flo years				ER 24 HRS
Female	White	WIDOWI	ED TT DIVOR	CED 🔲		ct 1876		last E	birthdoy) 32 yrs.	Months	Doys	Hours	Min
during most of wor HOUSe-T	king life, even if retired)	Own Home	OR INDU		birthplace (Sio Bermany	ite or foreigi	n country)			TIZEN O USA	F WHAT	COUNTRY
13. FATHER'S NAME				.,,		THER'S MAIDEN	I NAME						
Unknown						Jnknown							
15. WAS DECEASEDEVE	ER IN U. S. ARMED FOR (II yes, give wor or dolai of t		None	- 1	nformat ss R	ose E. M	leiste	r (S	Addi		em#	1)	
P										9 WAS PERFO	AUTOPSY DRMED? NO A		
200 THE OF BUILDY Mark D. VI. LOLD MAY CONTROL TO BUILDING OF THE									(Stote)				
21. I certify that I aftended the deceased from Delt. 6, 1957 to Color S., 1958, that I last saw alive an 1958, and that death accurred also 100 M., from the causes and on the date ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.D. 4 E. Church St.										le stati	ed abave ATE SIGNEI		
NAME (Type) A	. A. Pearre	. М.	D.			Frederi	ck, M	d.					dis M:
220 BURIAL CREMATIC REMOVAL (Specify) Burial	10-11-58		Mount					ederi	ity, town o	er county)	and	(Stot	e)
23. FUNERAL DIRECTOR M. R. Etc.	's signature hison & Son	, Fre	ADDRESS ederick, l	Maryla	und	24a RE	C'D BY REG		24b. REGIS	trar's si			



1SM 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

11329 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) e COUNTY o. STATE b. COUNTY MARYLAND Frederick Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rural Tanevtown Rura Tanevtown d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF Freet Middle 4 DATE Lost Month DECEASED DEATH (Type or print) Carrie Lovetta Naill October 6 COLOR OR RACE 5. SEX AGE (in years fost birthdoy) 7 MARRIED NEVER MARRIED 3 B DATE OF BIRTH DIVORCED [Female White WIDOWED | 86 yrs 10a. USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Housework Own home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William A. Nail] Sarah Bushev IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT Address If yes, give wor or dates of service Mr. William Naill. Taneytown. Md. no none CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4221 **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy, Year 20f (City or town) Hour O. III factory, street, office bldg., etc.) While Not while ot work 🔲 ot work D. M 21. I certify that I attended the deceased-from alive on A, from the causes and an the date stated above and that death accurred at ADDRESS (State), city or town, stotal ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Burial Lutheran Cemetery Taneytown, Maryland

ADDRESS

Tanevtown. Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No.

16

Days

U.S.A

(County)

246 REGISTRAR'S SIGNATURE

arthur & Kroug

24a REC'D BY REGISTRAR

DATETO

Q that I last saw the deceased

Months

IF UNDER LYEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stole)

DATE SIGNED

(Stote)

12 CITIZEN OF WHAT COUNTRY

e. IS RESIDENCE

ON A FARM? YES 🔛 NO 🗀

Yeor



hours ofter death."

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Min

(State)



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11299 CERTIFICATE OF DEATH Reg. Dist. No. l director, filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY b. COUNTY M MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 9 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PUTAL and give nearest town) P d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OF INSTITUTION KEDERI YES AND IZ 3. NAME OF 4. DATE Month Year Day DECEASED (Type or print) DEATH 19 5 5 SEX 9. AGE (In years lost birthday) 6. COLOR OR RACE 7. MARRIED THEVER MARRIED B DATE OF BIRTH IF UNDER TYEAR OF UNDER 24 HRS Months Days carbon papers. WIDOWED [7] DIVORCED [7] USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10a 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO permit. Conditions, if any, which ; gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PARTY OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATHAND NO SELATED TO THE TERMINAL DISEASE CONDITIONS (IVEN IN PART 140) 19, WAS AUTOPSY PERFORMED? buriol-YES NO 17 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Filem 18.) 20c, TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I cortify that / attended the deceased frame that I lost saw the deceosed olive dn 12 and that death occurred at M, from the couses and on the date stated above ADDRESS IStreet ACTUAL SIGNATURE outc PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 2 PUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE Q4a, REC'D BY REGISTRAR arthur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea, Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) son, ector. It cour files. It Health, e. COUNTY b. COUNTY Schuyl o. STATE Frederick MARYLAND b. CITY OR TOWN (If outs de corporate l'mils, wr to RURAL c. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give represt fown) Rural Thurmont Pottaville d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS e. IS RES DENCE r delay is me refained re State B YES NO R 0 4 NAME OF First Middle 4. DATE Last Month Year DECEASED OF (Type or print) DAVID 皇皇 REIFSNIDER DEATH ·1958 hours after 19 6 COLOR OR RACE 7- MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9 AGE the years IFUNDER LYEAR IF UNDER 24 HRS moy t ₩ith ion b rihday) Months Dovs Hours Min Male WIDOWED | DIVORCED T ofter death.
Jes 1, 2, and 3
A3. Page 5 m
ges 1 and 2 x White Oct. 2 P yes 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if ret red) U.S.A with form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Raymond L. Reifsnider Gertrude Ebert ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Yes.Co.A. 159Trans.Bn Raymond L. Reifsnider Pot in Item 18. saith and last (the only one cause per line for (o), (b), and (c). per ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)) san--buriol-transit 1 Office DUE TO Conditions, if any, which gave rise to immediate cause "pending" in p ical Examiner's s used as a bur **DUE TO** (a), stating the underlying couse last. PARE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALITOPSY PERFORMED? riling the word "pend a the Chief Medical E oge 3 should be used prior to borial, cremo NO A 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Fart I or Fart II of item 18.) PRIMARY D or CONTRIBUTING CAUSE OF DEATH. 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20f (City or lown) (County) (Slote) factory, street, office bldg , etc.) 7. deco at work or work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . Inquiry . arded CTOR: opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER De la EXAMINER'S should should FUNERA DEPUTY MEDICAL EXAMINER DE NAME (Type) 22g BURIAL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Town. or county (Stote) Burial Cem. 70 Oct Gressona. Cressona ADDRESS 24e REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15ME Greager Thurmont. C. Thong & traves 5M 2 157 DATE



M

TO DEPUTY MEDICAL EXAMINER: This certificate shavid be executed within 24 hours after death. If any delay is necessary, please execute the carificate, writing the word "pending" in pendil in Nem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shavid be arrived to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for our files. TO FUNERAL DIRECTOR: Page 3 shavid be used as a burial-transit permit. File pages 1 and 2 with the State B. To Health, at its designated agent, prior to burial, cremation, or remayal, and is any event within 22 hours after death.

RE. ATEME 5M 2 57

1	. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
OR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
ALTH DEPT.	11332 - 11332

	11200	Reg. Dist. No.
1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
1"	O. COUNTY LIZE MARYLAND	a STATE O. I L COUNTY To A
\vdash	b. CITY OR TOWN (If outside corpo ate limits write PJRA. C LENGTH OF STAY IN 16	- Interest -
	ond give model fown)	LOST
-	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RE IDENCE
		ON A FARM? YES NO X
3.	NAME OF DECEASED (Type or print) Pret Norman	Residence DEATH Cotomber 2 7 1958
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	& DATE OF BIRTH P AGE IN your TE UNDER TYEAR IF UNDER 24 HRS
1	Marki WIT WIDOWED DIVORCED T	July 10, 1935 73 yrs. Months Days Hours Min.
16	d. USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR INDU	A . 1 . 1 . 1 . 1
	during most of working life, even i retired) Chain store	Frederick USa
13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	norman I Kamstine	nellig & Watchin
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC.AL SECURITION 17	INFORMANT Addigns
-	41 air Free 220-30-7827	Kold Ramshon & Honorout R & T.
	//8 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	NIERVAL BETWEEN
	PART I DEATH WAS CAUSED BY:	Vorand of abdomen ONSET AND DEATH
	1/6× DUETO	1
	Conditions, if any, which) (b) baseluck	no here
	gove rise to immediate couse (a), stating the underlying DUE TO	
	covie last. (c)	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ST ST		PERFORMED? YES NO 1
CERTIFIE	200. EXTERNAL CAUSE WAS PRIMARY TO CCURRED 206. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Pays II of Item 18.)
	CAUSE OF DEATH.	and exalgeria
WEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2Ce. PL	ACE OF INJURY (Homerfarm, 120. [City or town] (County) (Stole)
WEI	630 0. fr. 10/12 2 19,3 of work of work to	hardshingth he terention torclerk Md
	21. I certify that I took charge of the remains described ob	ove, held on Autopsy 🔲, Inspection 💢, Inquiry 🖺, and in my
	opinion death resulted from: Natural couses . Accident	. Suicide , Homicide . Undetermined monner
	ACTUAL BASE	CHIEF MEDICAL EXAMINER [7]
	SIGNATURE JUINOUS	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S ACCOUNTS	DEPUTY MEDICAL EXAMINER & OCT. 22-1/958
22	6. BURIAL, CREMATION 226. DATE THEREOF 22c NAME OF CEMETERY O	R CREMATORY 27d LOCATION (City, town, or county) (Stole)
	Burial 10/25/58 Illica 60	metery Mr. Lewistone. Md.
23	FUNERAL DIRECTOR'S SIGNATURE APPRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR S SIGNATURE
	S.C. Barton Walkersmile	Md DATE OCT 24 58 Cultur ? Frank



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. Neg

Months

IS RESIDENCE ON A FARM?

YES NO

Year

1958

Doy

IF UNDER 1 YEAR IF UNDER 24 HRS

Hoors

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

YES NO M

(State)

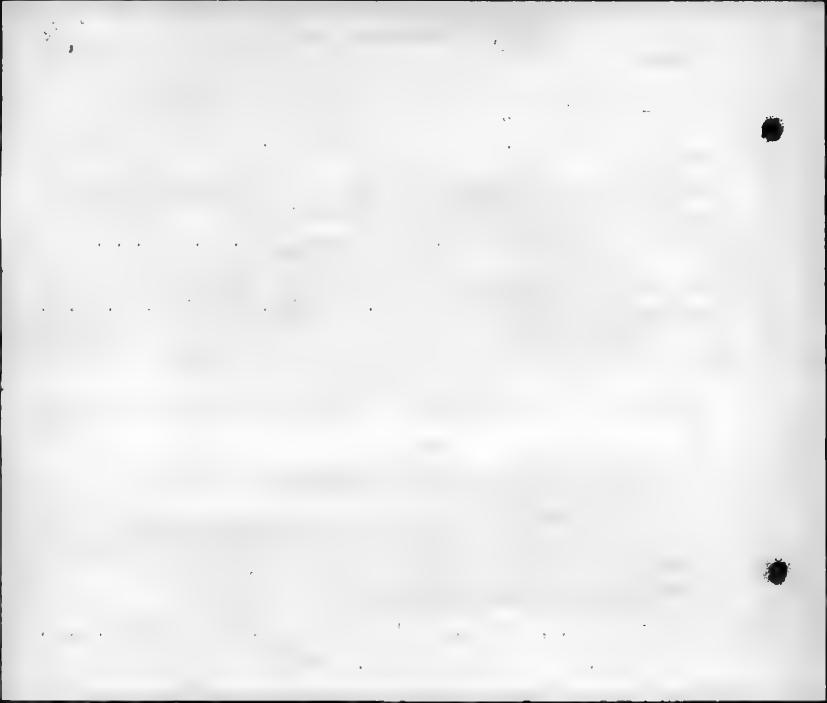
DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

Days

U.S.A.

(County)



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11322

11300 CERTIFICATE OF DEATH

Reg. Dist. No.

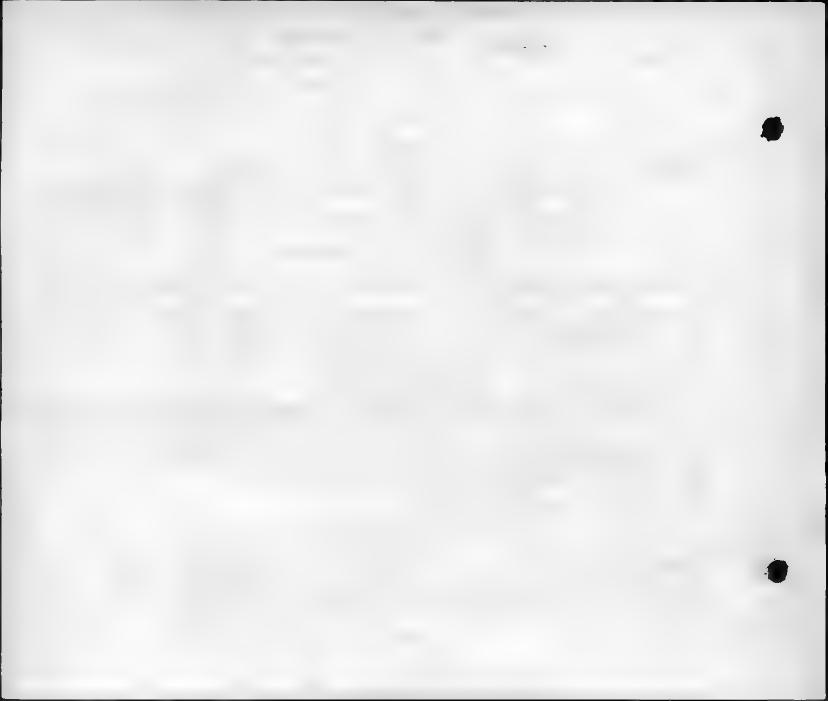
	1. PLACE OF DEATH 6 COUNTY	rederick		MARYL	11	2. USUAL RESID o STATE		rylan	d lived If institu d b COUNT		deri		on)
	b. CITY OR TOWN (I RURAL ond give re Frederick	Foutside corporate limitorest town)	ts, write	c. LENGTH OF STAY II			own (if o		rote limits, write	RURAL and	give neare	est lown)
-	OR INSTITUTION	AL (If not in hospitol, g Sixth Stre		oddress)		d. STREET AL		Sixth	Street				DENCE FARMS
	3. NAME OF First DECEASED (Type or print) DAVID			Middle NORRIS		ROBER	rson	4. DATE OF DEATH		tober	25°		58
	s sex Male	6. COLOR OR RACE	7 MARR	NEVER MARRIED DIVORCED		DATE OF BIRTH		184	9. AGE (In year last birthday)	Months		F UNDE Hours	R 24 HRS Min.
	Night Watc	N (Give kind of work a	ione 10b	KIND OF BUSINESS OR Brush Comp	INDUST	11. BIRTHPU M	ce (Slole aryla	or foreign o	ountry)		IZEN OF	WHAT	COUNTRY?
	13 FATHER'S NAME Davi	d Robertson	1			14 MOTHER'S		Norr	is				
	IS WAS DECEASED EVE [Tes. no. or unknown] NO	R IN U.S. ARMED FOR IF yes, give war or doles of s NO	prvice]	SOCIAL SECURITY NO 14-10-1965		ormant • Lamor	a D.	Rober	tson, San	ldress 1e as I	[tem	#2	
			G	refor (o). (b). and (c)] rebral pertens	Hi	mons	had	re_			ONSE	VAL BE TAND TAND	DEATH
	couse (a), stating lying couse lost	the under- DUE TO		asdo van	TH BUT N	ot related to	THETERMI	NAL DISEAS	E CONDITION G	IVEN IN PAR	` '	PERFO	AUTOPSY RMED? NO M
	G (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter nature of	injury in l	Part I or Par	I II of item 18.)				
	20c TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED 2 Not while t of work	focto	E OF INJURY (H ry, str ee t, office	lome, form bldg., etc.	, 20f. (City	or lown)	(¢	County)		(State)
	21. I certify the alive on Calledon Actual SIGNATURE	ot Lottended the L. 25	decease, 19 5	ond that a	deoth o	ccurred ot Profe	8:00A	M, from	lreet, city or town	and on t	lost sav he date	stole	deceased above TE SIGNED 7/58
ŀ	PHYSICIAN'S NAME (Type)	Dr. B. O.	Tho	mas		Frede	rick,	Mary	l.and				
	270 BURIAL CREMATIO REMOVAL (Specify) Burial	Oct -28,1		Meadow -			y		tion (City, town,		Ma	(Stote	
	M. R. Etch		, Fre	ADDRESS derick, Mar	ylar	ıd	240. REC'I	D BY REGIST 2 8 '58	RAR 245 REG	istrar's sic			

M uneral director. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar altending physician

TO FUNERAL 4 (108: After this certificate has been signed by the attending physician and campletely filled in by page 3 should at detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remained in any event within 72 haurs after death VS A15 (4) I5M 9755

	17774	CERTIFICA	TE OF DEATH		11323 Reg. Dist. No.
	1. PLACE OF DEATH COUNTY Enederick	MARYLAND	2 USUAL RESIDENCE (When o. STATE)	e deceased lived If institution b. COUNTY	Residence before admission) Falderick
	Fund exick R45	7 daus	c CITY OR TOWN (IF out	eside corporate limits, write RU	RAL and give nearest town
)	d NAME OF HOSPITAL (If not in hospital, give street oddress) Frederick County Chronic	Hospital	d. STREET ADDRESS		e, IS RESIDENCE ON A FARM? YES NO D
	3. NAME OF DECEASED (Type or print)	Middle	SEGGER	4. DATE Month OF DEATH	Day Yeor 10 1958
	5. SEX 6 COLONOR RACE 7 MARRIED 1	NEVER MARRIED 2 8	DATE OF BYETH Aug. 9, 1871		F UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND Of during most of working life, even if retired) Saturally Ours	- Business OR INDUS	TRY IT/BIRTHPLACE (Stole of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Mathian Sager	V	14. MOTHER'S MAIDEN NA	ME foole	
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, the or unknown) (if) yes, give wer or delet of stryke)	SECURITY NO 17 IN	roa, Catherin	Addre Musero Usas	on Bridge R2 M
	18. CAUSE OF DEATH [Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)). (b), and (c).]	necocaed	ites	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) (b)	tirios	Fellorin		2.40.
	gove rise to immediate couse (a), stating the under lying couse lost	roueho	Freum	iench-	6days
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	al disease condition give	N IN PART 1(0) IP WAS AUTO/SY PERFORMED? YES NO P
	OR CONTRIBUTING DI CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	OW INJURY OCCURRED	. (Enter nature of injury in Pa	rt 1 ac Part 1t of item 18.)	
		CCURRED 20e. PLA if while foct work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f (City or town)	(County) (State)
	21. I certify that I attended the deceased from	n TEA-	1957, to O		that I last saw the deceased ad on the date stated above.
	ACTUAL SIGNATURE	•		DORESS (Street, city or town, st	
	PHYSICIAN'S H. F. KLITTE				
	REMOVAL (Specify)	AME OF CEMETERY OR	CREMATORY 2	Ar. Woods for	county) (State)
		eravelle,	6	BY REGISTRAR 246 REGIST	RAR'S SIGNATURE
		7			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



- 1				MARYL	AND S	TATE DEPART	MENT OF F	HEALTH-BA	LTIMORE,	18	
FOR CTA	TE			A - ME	DICA	L EXAMINE	R'S CERTI	FICATE OF	DEATH		1400.
FOR STAT)		77			Reg. Dist. No.	
40 6		1, 0	COUNTY	. 3			O STATE	SIDENCE (Where deced	ned lived If instruction in the court in the	ity	
Pleas. Files.	M)	- h		ederick outside corporate limits, write	. 0. 2741	c LENGTH OF STAY IN		Maryland Hown (If outside co		Frede	
16 9 2 m	198		and give nearety lewn)		I ECKAL					e worker and give ne	101621 10441
in a land		_	NAME OF HOSPITA	-	f not in how	Life	/d. STREET	al Knoxy	1116		IS RESIDENCE
T G	00					and the meet section)	70.31.221	VERVERS			ON A FARM? YES NO W
or ware of the orth.			IAME OF	Fire	ıl .	Middle	Los	if 4 DATE	Mor	alb Doy	Yenr
de fru			FECEASED Type or print)	Richard		Wayne	Sanger	OF DEATH	10	2 ,	12 58
any a the first that the offer offer that the offer offer that the		5. \$	EX	6 COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRT	H	9 AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS
# 30 t start			Male	White	WIDOWED	DIVORCED [2-14-5	51	foot (pathday) yrs	Months Doys	Hours Min.
20 m m m m m m m m m m m m m m m m m m m		10a	USUAL OCCUPATION	IN (Give kind of work of life, even if relired)	done 10b K	IND OF BUSINESS OR INE	STRY 11 BIRTHPE	LACE (Stole or foreign	country	12 CIT ZEN OF	WHAT COUNTRY
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ľ	Studen			School	Mary	rland		U.S.	A .
2 20 20 20 2	# 1	13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NAME			A 70. W
8 2 2 8 5\	2			aul Rober				Anni	e Kathe	rine	
The First		15. [Yes,	WAS DECEASED EVE	ER IN U. S. ARMED FO' (If you give war or dates of		SOCIAL SECURITY NO	7 INFORMANT		Addre	4	
A THE STATE OF			No				Mrs. Anr	nie Sange	r, Knoxy	ille, Mar	yland
Per Ba				M [Enter only one cou	se per line f	or (o) (b), and (c).]	,	<i>(</i> . ,	- 0i	INTER	VAL BETWEEN T AND DEATH
Sign of the second				H WAS CAUSED BY: IMMEDIATE CAUSE (0)		Lucus	erno (acceden	Cax 1		
Fice over			929.8	OUE TO			a a				
S S S S S S S S S S S S S S S S S S S			Conditions, if or	liote cause							
Day o			(a), stating the course fost.								
sho comi		z) (c) IER SIGNIFICANT CON	DITIONS CO	NTR BUTING TO DEATH B	UIT NOT RELATED TO	THE TERMINAL DISEA	SECONDITION G	IVEN IN PART I AVIS	WAS ALITOPSY
Exed		CATION								1.7	PERFORMED?
dica di		PIC	20a. EXTERNAL CAL	ISE WAS 20	b DESCR BE	HOW INJURY OCCURRE	D (Enter noture of):	njury in Port I or Port L	i of item 18 1'		ra [] Korel
M Mer		CERTIF	PRIMARY LI or CON CAUSE OF DEATH.	ATRIBUTING []	T	rowning a	antanta	7		7	
The The		3	20c TIME OF INJUR	Y Month, Doy, Yes	rr 20d Ⅱ	NJURY OCCURRED 20e		(Home, form. 20/ (Cite bidg, etc.) Kn	X OC 10 M.) 1 1	Fred	(Mate)
4 0 0 a b	1 1	MED	Hour om.	10 2 19	SH of wor		racioly, siredistante areak	e oldg , etc.) IVIII	DYATTIO	rred	. Mic.
Poge			21. I certify th	at I taak charge	of the r	emains described a		Autopsy ,	inspection 🐷	, Inquiry .	and in my
ent.			opinion death	resulted fram. 1	Natural c	auses 🗍, Accidei	nt 🔂 Suicid	le 🔲, Hamicide	Undel	ermined manne	ground .
A Sold Sold Sold Sold Sold Sold Sold Sold				2	11	_		_			
			ACTUAL SIGNATURE	コレクル	270	als_	M D CHIEF	MEDICAL EXAMINER]		DATE SIGNED
Me company of the com			EXAMINER'S	~ ~ ~	D		ASSIST/	ANT MEDICAL EXAMIN	ER 🔲	10	/2/58
Par	·		NAME (Type)	5,0116	LC m	ras	DEPUTY	MEDICAL EXAMINER			
Should be still be st		220	BURIAL CREMATIO REMOVAL (Specify)	N. 726 DATE THEREO	of .	72c NAME OF CEMETERY	OR CREMATORY		ATION (City, town		(Store)
P 9 4 5 9	16		urial	10-5-5	3	Brether	n	Br	ownsvi]	lo, Mafy]	and
VS ATSME	D.	23.	FUNERAL DIRECTOR		פוווייו	wick, Maryl	and	240. REC'D BY REGIS		Lithur S. Him	
5M 2/57		13	Me I de	1 th	or outs	morramer 3 T	-4104	DATE		D. Mal	14



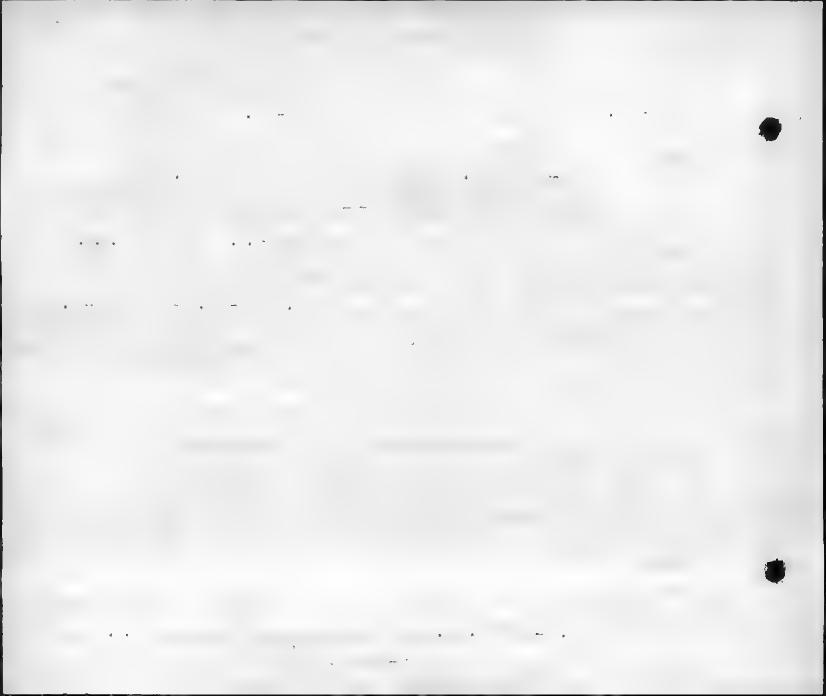
funeral director. may be retained by the haspital ar attending physician.

O FUNERAL CONTROL After this certificate has been signed by the attending physician and campletely filled in by page 3 shaw and detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 1 the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

I

TO FUNERAL D VS A15 (4) 15M 9/5\$

	.	1990	CERTIFI	CAII	OF DEATH	1		Reg. Dist	t. No.	
1. PLACE OF DEATH a. COUNTY			MARYLA	- 11 .	USUAL RESIDENCE (WE		lived If institut			on)
	Frederick				Maryla				derick	
b. CITY OR TOWN (III RURAL and give no	orest town)		ENGTH OF STAY IN	16	c. CITY OR TOWN (If a			_	ve nearest town)	1
RUPAL- RU	2 Freder	TCK T	ly years		d STREET ADDRESS	Rt. 2	Freder	<u>lck</u>		
OR INSTITUTION	AZ (II NOF III NOSPISA), I	Blad Misel Gool		1	g 21keel VDDKe22				e, IS RES I ON A YES	FARM?
3 NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE OF	Mod	nih	Day Y	'eor
(Type or print)	Nan	Barcla	Youn (Youn	g)	Smith	DEATH	Oct.	lith	1	, 58
5 SEX	6. COLOR OR RACE	7-MALOR K. 86	KANANA MARKE	B. D	ATE OF BIRTH	1	9. AGE (In years		YEAR IF UNDER	R 24 HRS.
Female	White	WIDOWED [T HAMMARA	B- 8-	7-1879		lost birthday) 70 yrs	Months E	Days Hours	Min.
10a. USUAL OCCUPAT O during most of work	N (Give kind of work	done 10b. KIND	OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Stole	or foreign co		17 CITIS	ZEN OF WHAT	COUNTRY?
Housewij		() Own	n Home		Washingto	n-D.C.			J.S.A.	
13. FATHER'S NAME				14	MOTHER'S MAIDEN N					
James	Rankin You	ung			Mary Bar	clay				
15. WAS DECEASED EVER	R IN U. S ARMED FOI		AL SECURITY NO.	17. INFOR	MANT		Add	iress		
No	in your government on	No	ne	Miss	Julia C.	Young-	Rt. 2-	Freder	rick-Md.	
18. CAUSE OF DEA	TH [Enler only one co	ouse per line for	(o), (b), and (c).]		. 1				INTERVAL BET	WEEN
PART 1. DEAT	TH WAS CAUSED BY:	· (8	as for a	0 1	beren	Liza	-		ONSET AND	DEATH
33/ X	DUE TO				V- BC 012				12-11-12	<u> </u>
Conditions, if or	or unbink) .									
gove rise to in	nmediate (•		7						
cattse (o), stating t	he <u>under-</u>	Cont	erro-	rike	27.000					
Z PART II. OTH	ER SIGNIFICANT CON	IDITIONS CONT	RIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	VEN IN PART	1(o) 19, WAS A	UTOPSY
CATIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 18									
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE	HOW INJURY OCCU	JRRED. (Er	nter nature of injury in (Port I or Port	ll of item 18.}			
ZOc. TIME OF INJURY Hour a.m.	Month, Day, Ye			e. PLACE	OF INJURY (Home, farm street, office bldg., etc	20f (City	or town)	· (Ce	ounty)	(State)
Haur a.m.	19	While of work	Not while 01 work	roctory.	tireer, ornice blog., etc	7				
21. I certify the	of Lottended the	deceased f		<i></i>	. 10 <u>6</u> 7		19.5			
olive on	S. 4.4.	<u> کاک ۱۹ ـ ـ ـ</u>	,,, and that de	oth oc	curred ot //3°A	M, fram	the couses o	and on the	e date state	d abave.
		1				ADDRESS (Sir	eet, city or lawn,	stote)	DA'	TE SIGNED
SIGNATURE	13.0	no	no	M.D.	4268	Leann	LST.	0	ch 4	-53
PHYSICIAN'S NAME (Type)	EP	TH	0 1/1	LS	FRED	len	k - 7	nd	<u></u>	
220- BUR AL, CREMATION REMOVAL (Specify)			NAME OF CEMETER				ION (City, lown,	or county)	(Stote	1
<u>Cremation</u>		1958 J		s So	ns Cremator	Tie	shingto		C	
23 FUNERAL DIRECTOR'S	SIGNATURE	w,	ADDRESS	. 26		BY REGISTR		STRAR'S SIGN		
L.C. Cles	W/TICO	tr/	Frederick		YLSING DATE	, , ,	Co	Muy S. 9	Tracks.	



TO FUNERAL p

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11337 **CERTIFICATE OF DEATH**

										eg. Dist. I	reg.			
	PLACE OF DEATH o. COUNTY	Frederic	k	MARYL	TI .	USUAL RESIDENCE	ryl	e deceosed lived	. If Institutions b. COUNTY F	Residence b	ofore odmiss rick	ion)		
	RURAL and give r	(If outside corporate limit represt town) runswick	s, write	c. LENGTH OF STAY IN		c. CITY OR TOWN		hide corporate li		At and give	nearest low)}		
		TAL (If not in hospital, pi	_	oddress)		d STREET ADDRE	SS	road				IDENCE FARM?		
H											103 87			
	3 NAME OF DECEASED (Type or print)	Fanni		Rhodes		Souder		4. DATE OF DEATH	10	- 1	20	Yeor 19 58		
	5. SEX Female	6. COLOR OR RACE White	7 MARE	RIED NEVER MARRIED	U 0	22 1	872	2 86		UNDER LYE	AR IF UNDI	R 24 HRS Min		
	100 USUAL OCCUPATI	ON (Give kind of work d	lone 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stole o	r foreign country)		12. CITIZEN	N OF WHAT	COUNTRYP		
	House W	rking life, even if retired) '11'e		Farm		Maryl	and				S.A.			
	13 FATHER'S NAME				14	MOTHER'S MAIL	DEN NA	ME						
		Lewis	Cast	cle				Ell	en Cas	tle				
	15, WAS DECEASED EV	ER IN U.S. ARMED FORCE		SOCIAL SECURITY NO	17. INFOR	MANT			Address					
	No T.Woodrow Souder									Knoxville, Md.				
	18. CAUSE OF DE	ATH [Enter only one cou	use per li	ne for (a) (b), and (c)]		75.				[]	MTERVAL BE	TWEEN		
1	PART I DE	ATH WAS CAUSED BY:		10.	. 1	.T.				C	INSET AND	DEATH		
ı	DLAY	IMMEDIATE CAUSE (o)	:		シント	-XXX								
ı	2601	DUE TO		11.1	_0_		1 6	10			7			
ı	Conditions, if					- 143	-2	MAL						
		gove rise to immediate DUE TO												
	lying couse lost. (c)													
	PART II. OT	HER SIGNIFICANT CON	PITIONS	CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE I	TERMIN	AL DISEASE CON	DITION GIVEN	IN PART 1(c	1) 19 WAS	AUTOPSY		
	PART II. OT											NO D		
		AS UNDERLYING TO CAUSE OF DEATH (MEDICAL EXAMINER)	206 DES	CRIBE HOW INJURY OCC	CURRED. (Er	iter noture of injur	ry in Po	ort I or Port II of	item 18)					
	20c. TIME OF INJU	RY Month, Doy, Yea 19	r 20d. II While at wor	Not while	loctory,	OF INJURY (Home, street, office bldg	form, ., etc.)	20f (City or to	wn)	(Coun	ity)	(Stote)		
1	01 1 415 4	L _ 1 _ 1 _ 1 _ 1 _ 1 _ 1		1	1 -	195 10		11-01	- 125 (
		hat I attended the	acceas											
	alive on	1.02.VK	1150	and that d	eath acc	vrred at		M, fram the			date state	ed abave.		
1		VO		2		•		PDRESS (Street, o	ity or town, sto	John W	D/	ATE SIGNED		
1	ACTUAL SIGNATURE		2	KANANI	M.D.			prim	9/4/	12-5	1 10	-19.7		
			A Property of the Parket											
	PHYSICIAN'S NAME (Type)	C.E.Pruit	ե					Bruns	wick	1	Jaryl	and		
ľ	270 BURIAL, CREMATIC	ON, 226 DATE THEREO	F	22c. NAME OF CEMETI	RY OR CRI	MATORY	2	22d LOCATION	City, town, or o	county)	(Stot	e)		
	Burial Specify	10-30-	58	Reform	med Jefferson Maryland									
	23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		240	REC'D	BY REGISTRAR	246 REG STR	AR'S SIGNA				
	13. 11.7	Bri	unsw	ick, Maryl	and	DAT	VON	3 '58	arthu	7 S. Tho	u <u>a</u>			
III.									t					



11308 **CERTIFICATE OF DEATH**

9		1	1	3	2	7	
Reg.	Dist.	No.					

1	1. PLACE OF DEATH COUNTY F'rederick MARYLAND	2. USUAL RESIDENCE (Where decrased lived. If institution, Residence before admission) o STATE Maryland b. COUNTY Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick
	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 21 East ¹¹ B ¹¹	d STREET ADDRESS 21 East "B" • IS RESIDENCE ON A FARM? YES \(\text{NO } \text{NO } \text{PR FARM?}
	3 NAME OF DECEASED (Type or print) Grover C. S	towart 4. DATE Month Day Yeor OF DEATH 10 13 19 58
	Male White WIDOWED DIVORCED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 10st birthday) 73 yes. Months Days Hours Min
	10c. USUAL OCCUPATION (Give kind of wark done during most of working life, even if refired) Retired Brakeman B.&.O.R.R.CO 13. FATHER'S NAME	
	[Yes, no, or unknown] [If yes, give war or dates of service]	Cordelia Rockwell NFORMANY Address rs. Esther Stewart, Brunswick, Md
	200 ACCIDENT WAS UNDERLYING 1 200 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? YES NOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? YES NOT NOT NOT NOT NOT NOT NOT NOT
1	Hour e.m. p.m. 19 While of wark of wark of wark alive an alive a	ACE OF INJURY IHome, form, 20f (City or lown) (County) (Stole) Llory, street, office bidg., etc.) 19 That I last saw the deceased accurred at M. fram the causes and an the date stated abave. ADDRESS (Street, city or lown, state) DATE, SIGNED
	PHYSICIAN'S J.G.F.Smith 20 SUR AL, CREMATION, 22b. DATE THEREOF BENEVAL (Specify) 10-16-58 Park Hoig	The state of the s
9.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brunswick, Maryla	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

funeral director, lild be filed with may be retained

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death carbiticate be executed within 24 haurs after death. Page 4



7>1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution: Res dence before admiss on)
e e e e e e e e e e e e e e e e e e e	o. COUNTY Traderick MARYLAND O. STATE & 6 COUNTY
Health.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RD Thurmont Jersing Skare 7
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	d NAME OF HOSPITAL OR INSTITUTION (Finot in hospital, give street address) 421 Mais St. 15 RES DET CE ON A FARM? YES NO P
fune fune fune fune fune fune fune fune	3. NAME OF DECEASED A First O Middle Lost 4 DATE Month Doy Year
in the second	(Type or print) Stanlay Mussell Stiner DEATH Oct. 6 1958
3 to may to with visit of	5. SEX 6. COLOR OR RACE / MATTHED 19 NEVER MARRIED B. DATE OF BIRTH 1915 HILDORY FUNDER IVEAR IF JNDER 24 HAC 1915 HILDORY Manihs Days Hours Min.
and and id 2 id 2	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (State or foreign country) 12 CHYEN OF VIGAT COUNTRY? (Furing most of working life, even if retired)
2000	Truck ariser Welliamsourt N. Sa
P S S S E I	13. FATHER'S NAME
o E o E	MAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 117 MFORMANY (17)
A SO SEE	(Vegl. no., or unknown) all year, and was ar dollard between
- TE	118 CAUSE OF DEATH [Enter only one couse per l'ine for (a), (b), and feld
ted v	PART I. DEATH WAS CAUSED BY: Third Degree (Sum and
ice (DUETO CL OO DETO
remarial trem	Conditions, if ony, which (b) The trust Strull / Mustes
in p in p in p in p	(a), stating the underlying DUE TO
romi romi romi rian	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLS, WAS AUTOPSY
oendi al Ende weed	PERFORMED? YES NO
ol, c	200. EXTERNAL CAUSE WAS PRIMARY ID or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURPED lEnter nature of injury in Part Lor Part II of Isem 18) CAUSE OF DEATH
This was a said buri	The same of the sa
or fo	10 20c. TIME OF INJURY Month, Day, Teor 20d INJURY OCCURRED 20c. PLACE OF INJURY Home, form, 120f. (City or lown) (County) (Signe) Hour am 10/6 1956 of work
Pag Pag	21. I certify that I taak charge of the remains described above, held an Autopsy 🔀. Inspection 🔀, Inquiry 🗹, and in my
ogent	opinion death resulted from. Natural causes 🔲 Accident 🔀, Suicide 🗍, Homicide 🔲, Undetermined manner 📋
	ACTUAL SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER (
the the KAL	EXAMINER'S - POMI
NE de Constant	NAME (Type) DEPUTY MEDICAL EXAMINER 220 DEPUTY MEDICAL EXA
1 0 4 0 0	Burist Oct 10-58 Jersen Share (alm Jersen Share Fr
F F	23 PONERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS AND REGISTRAR'S ANGENATURE
5M 2/57	Jannond Collage Human DATE DATE OF arthur & thear



MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	18
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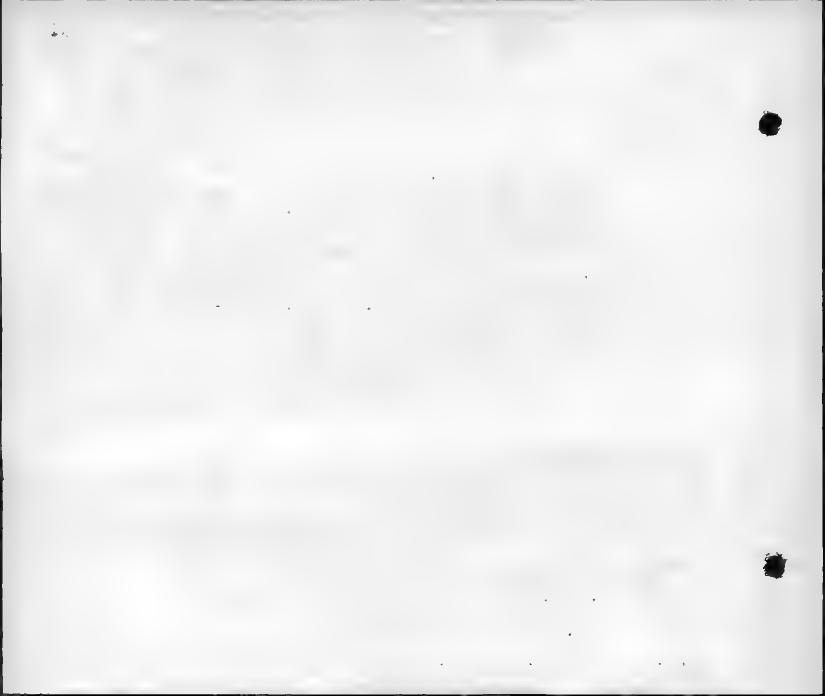
11329

11301 CERTIFICATE OF DEATH

Reg. Dist. No.

_ -			tack.					teg. Ditt. P	10.	
1	PLACE OF DEATH	ederick	MARYLAN	n STATE	Mary	ere deceased lived	If institution b. COUNTY		fore odmissi erick	an)
	b. C TY OR TOWN (II PURAL and give no Frederic:	outside carparate fimils, write arest town) C	c. tength of stay in Years	e. CITY OR		otside corporate lii erick	nits, write RUF	(AL and give	nearest tawn)
	d NAME OF HOSPIT. OR INSTITUTION 11.1.2 NO.	At (If not in hospital, give street th Bentz Street	oddress)	d. STREET		North Bei	ntz Str	eet	e. IS RESI ON A YES	DENCE FARMEN NO TO
3	NAME OF DECEASED (Type or print)	TEMMIEZINE	G P. Middle	STONE		4. DATE OF DEATH	Month	ber	Dox 1	^{ear} 58
	sex 'emale	White WIDOW	RIED NEVER MARRIED [37 4		- 0	Control of the Contro	Manths Doy		R 24 MRS Min
	dyring most af_work	IN (Give kind of work done 10b ing life, even if retired) ICTICAL NUI'SE	KIND OF BUSINESS OR II Hospital	OUSTRY 11 BIRTHP	,	or foreign country) Maryland			OF WHAT	COUNTRY?
1.	3. FATHER'S NAME			14 MOTHER'S	MAIDEN N	AME				
	Wahlor	B. Green			Mary 1	Ellen Ho:	fiman			
- 3 1		If yes, give wor or dates of service)		7 INFORMANT Mrs. Louis	e F i	Hammall_	Addres		2	
-	7		7,00	MIT 2. HOUTS	- L. 1	Temmie TT -				
П		TH [Enter only one cause per] TH WAS CAUSED BY:	1/1 - 1-						NTERVAL BET NSET AND	
	11000 6	IMMEDIATE CAUSE (a)	wance n	rys-cond	elia				104	7.
	4201	DUE TO	D. 4 - 15	10.	_				1	1.60
	Canditians, if ar	n mediota (seriero si	ecerta	4				107	73,
	couse (a), stating the lying couse lost.	he under DUE TO								
		ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT DELATED TO	THE TERMIN	IAL DISEASE CON	DITION CINC	1.451.0.4.0T.1/a.i	Isa was a	LITORCY
O.E. V.	3	· · · · · · · · · · · · · · · · · · ·						Y IN PAKI I(O	PERFOR	RWEDS
		S UNDERLYING [] 20b DES CAUSE OF DEATH MEDICAL EXAMINER;	SCRIBE HOW INJURY OCCU	IRRED. (Enter nature o	of Inqury in P	ort I ar Part II of i	tem 18.)			
MEDICAL	20c TIME OF INJURY Hour a.m. p. m.	Manth, Day, Year 20d. 19 White at wo	Not while	PLACE OF INJURY (foctory, street, affic	(Hame, form, e bldg , etc.)	20f. (City or tov	en)	(Count	(Y)	(State)
	21. I certify the	of 1 attended the decea		, 19. <u>3 8</u>		Der 11	., 19× T.	that I last	saw the d	deceased
	alive on	47/1 19	1 and that de	ath accurred at	6:00P	_M, fram the				
		Stanla .			LDDRESS (Street, c	ily or lawn, ste	ota)	DA	TE SIGNED	
	SIGNATURE	Milleur	MD Nort	th Mar	ket Stre	et	h sh w a a a a a a a a a	10/1	3/58	
	PHYSICIAN'S I	or. H. F. Kline		Free	derick	, Maryla	nd			
2	20. BURIAL CREMATION		220 NAME OF CEMETER			22d LOCATION (City, town, or	county)	(State	}
	Burial Specify)	Oct.14,1958	Mount Oliv	et Cemeter	У	Frede	rick,		Maryla	and
	FUNERAL DIRECTOR'S		ADDRESS		240. REC'D	BY REGISTRAR	246 REGISTE	AR'S SIGNAT	URE	
	M. K. Etchi	son & Son, Fre	ederick, Mary.	Land	DARCT	1 6 '58	0.000	1 11, 70		

VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
11339	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

		adh.	بالد	U	v	
Reg.	Dist.	No.				

1 PLACE OF DEATH COUNTY Frederick MARTIAND 2 STATE Maryland Trederick MARTIAND 2 STATE Maryland Trederick Maryland CITY OF TOWN (if seleds corporate limin, write mile,											
SURAL COCURATION Gree had a work down to the surface of the surfac	n COUNTY	derick		MARYLAND	II o. STATE		-				
d. NAME OF POSTITAL (If not in hospital, give it not odden) 3. NAME OF DECEASED OR INSTITUTION	RURAL and give nearest lown)									I form)	
DECEASED (Type or print) SUSAN NINA THOMAS DEATH October 17, 1958 5 SEX 6. COLOR OR RACE 7. MARREND NEVER MARRIND 10 DEVORCED 10 DEVORCED DIVORCED d. NAME OF HOSPITAL (If not in hospital, give street oddrins)			d. STREET ADDRESS e. IS RESIDENCE ON A FARM?								
S SEX Female White Who SUM OCCUPATION (Give had of week done lob. KND OF SUSINESS OF INDUSTRY II SIRTHFUACE (Slove or foreign country) HOUSES—WORK At Home At Home At Home At Home At Home Is WAS DECEASED VERN IN 12 SIRTHFUACE (Slove or foreign country) Is Catherine Grum Is WAS DECEASED VERN IN 25 ARMS PROBLES (In SOCIAL SECURITY NO IN INFORMANT NO Is Catherine Grum Is Cause of Death (Enter only one course per light for information in the course of the course o	DECEASED						OF		_		
Pemale White WIDOWED DIVORCED 21, March 1883 To y Months Doys Hour Min Min To y Months Doys Hour Min							DEATH				
At Home Maryland USA							3	last birthday)			
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Crum	during most of worl	ting life, even if retired	done 10b.					ountry)			WHAT COUNTRY?
Alpheus D. Thomas Is was deceased ever in u. S. Armed Forces? No None Mrs. Agnes A. Kefauver (Same as item #1) Is Cause of Death (Enter only one course per lipe for to th), and (c). PART I. Death Was Caused by: IMMEDIATE CAUSE (b) DUE TO Conditions, if ony, which gove rise to immediate (course (c), islening the sunder (c)). In the part is one immediate (course (c), islening the sunder (c)) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 17. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 17. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 17. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 17. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 17. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 17. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE MEMBER 1 to THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 17. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS COURSED to THE MEMBER 1 to THE TERMINAL DISEA		ork		At Home					U	SA.	
15 - WAS DECEASED EVER IN U. S. ARMED FORCES? 16 - SOCIAL SECURITY NO. IN INFORMANT NO. (1 the period of virtual) 18 - CAUSE OF DEATH [Enter only one course per lipe for the (b), and (c).] PART I. DEATH WAS CAUSE (b) UP TO Conditions, if any, which gave rise to immediate course per lipe for the (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO) PART II. OTHER SIGNIFICANT CONDITIONS		D. Thomas									
NO None Mrs. Agnes A. Kefauver (Same as item #1) 18 CAUSE OF DEATH [Enter only one couse per lipe for to (b), and (c).] PART I. DEATH WAS CAUSE BY IMMEDIATE CAUSE (c). UE TO Candiditions, if any, which give rise to immediate couse (c), storing the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? PERFORMED? TO ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? TO CONTRIBUTING COUSE OF DEATH [IF ETHER NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED [Select nature of injury in Part 1 or Part II of Item 18.] 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED [OF INJURY (Home, form, 20f [City or lown)] (County)] (Stote) of work of or work of wo	15. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO 17				Add	lress		
PART I. DEATH WAS CAUSE BY: MMEDIATE CAUSE (a)		(If yes, give wor or datas of s	ervice)	None M	rs. Agne	s A. I	Kefauv	er (Sam	e as	item	#1>
MARE LANGE BY:			use per li	for (a) (b), and (c).		Λ				INTERV	AL BETWEEN
Conditions, if ony, which gove rise to immediate couse (o), stoting the under tying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0) OR CONTRIBUTING COURSE OF DEATH II.F EITHER NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) 207. TIME OF INJURY Month, Day, Year 208 INJURY OCCURRED (Enter noture of injury in Port I or Fort II of Item 18.) 208. TIME OF INJURY Month, Day, Year 208 INJURY OCCURRED (Enter noture of injury in Port I or Fort II of Item 18.) 209. PLACE OF INJURY (Home, form, 201 (City or Iown) (County) (Stote) Hour o. m., p. m., 19 of work of owners of owners of injury in Port I or Fort II of Item 18.) 21. I certify that I attended the deceased fram. 21. I certify that I attended the deceased fram. 22. 19. 12. 1. and that death accurred at 12. P.M., from the causes and on the date stated above. ADDRESS (Street, city or Iown, stote) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or Iown, stote) DATE SIGNED ACTUAL SIGNATURE 2208. DATE THEREOF 2208. NAME OF CEMETERY OR CREMATORY 2208. DECEMBER, SIGNATURE 2408. DATE SIGNATURE 2409. DATE SIGNATURE 2408. DATE THEREOF 2509. Manual City, Iown, or county) (Stote) BUT 12. I ON THE SIGNATURE ADDRESS (Street, Maryland 2408. REGISTRAYS SIGNATURE 2408. REC'D BY REGISTRAY SIGNATURE 2408. REC'D BY REGISTRAY SIGNATURE 2408. REC'D BY REGISTRAY	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	,(aronau	1 Qeci	usi	an			10	-
gove rise to immediate couse (a), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17. WAS AUTOPSY PERFORMED OR CONTRIBUTING CAUSE OF DEATH OF THE NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED while of work of wo	420.1	DUE TO		7	4.	,					
DUE TO Spring the under-Spring Course (a), storing such courses, sto			}	aronus	1 VCK	e tald	الاسا			2	THE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d Injury OCCURRED While Not while of work of wo				/							
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work 20e. PLACE OF INJURY (Home, form, fociory, street, affice bidg., etc.) 20f (City or town) (County) (Stote) 21. I certify that I attended the deceased fram. 1921 10											
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work 20e. PLACE OF INJURY (Home, form, fociory, street, affice bidg., etc.) 20f (City or town) (County) (Stote) 21. I certify that I attended the deceased fram. 1921 10	PART II. OTH	IER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PAR		PERFORMED?
21. I certify that I attended the deceased from		S UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCURR	ED (Enter noture o	of injury in F	ort 1 or Por	t II of item 18.)			
actual signature ACTUAL SIGNATURE M. D. Jefferson, Maryland Maryland Monte Signature M	ZOc. TIME OF INJUR Hour o. m. p. m.		While	Not whilefo	ACE OF INJURY (actory, street, affice	Home, form a bidg., etc.	. 20f (City	or town)	(0	County)	(Stote)
olive on	21. I certify th	at I attended the	deceas	ed fram	- 2-, 19-5-	/ ta	لاغ بي	-1.7. 19.3	a that I	last saw	the deceased
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) A. T. Brice, M. D. 20 BURIAL (REMATION) 22b. DATE THEREOF 2c. NAME OF CEMETERY OF CREMATORY 2d. LOCATION (City, town, or county) (Stote) BURIAL (Specify) 10-29-58 Mount Olivet Cemetery Frederick, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4. Et.chison & Son. Frederick, Maryland 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE 4. DECT 2 58 24b REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR 24b REGISTRAR 24b REGISTRAR 24c. REC'D BY REGISTRAR	alive an	4 T/s	, 19 ₂ ,	م مرکزی , and that deat	accurred at	12 1	M, fran	n the couses	and on t	he date	stated above
PHYSICIAN'S A. T. Brice, M. D. 20. BURIAL, CREMATION, BURIAL, Specify) BURIAL (Specify) BURIAL (Spe	ACTUAL	. 3	, Sim		7-66			· ·	. stote)	20	-0 40
NAME (Type) As 1 s Drice, M. D. 20 SURIAL, CREMATION, 22b. DATE THEREOF 2c. NAME OF CEMETERY OR CREMATORY 2d. LOCATION (City, town, or county) (Stote) Burial, (Specify) 10-29-58 Mount Olivet Cemetery Frederick, Maryland 23 FURRAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE ADDRESS MARYland 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE ADDRESS MARYland	SIGNATURE	2			WD. 1811	erson	Mary	Tento		TO=	T0=20
Burial 10-20-58 Mount Olivet Cemetery Frederick, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE M. B. Etchison & Son. Frederick, Maryland 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE OCT 2 58	PHYSICIAN'S NAME (Type)	. T. Brice	, M.	D.		the the second street and the					
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Maryland 240. REC'D BY REGISTRAR 240 REC'D BY REGISTRAR ADDRESS Maryland DCT 2 30	220 BURIAL, CREMATIO	N, 226. DATE THEREC)F	22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCAT	TION (City, town,	or county)		(State)
NA DA PERCUISON N DONA PRECIENTENA MARVIANO I INGLA " Y I	Burial	10-20-58		Mount Olivet	Cemeter				aryla	nd	
			n, Fi		land	1 1.7	O BY REGIST	RAR 246 REG	ISTRAR'S SIC	NATURE	Λ





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

ONSET AND DEATH

PERFORMED? YES NO

(Stote)

(State)

(County)

YES NO [

Yeor

after 1 1SM 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 85M 9/5S

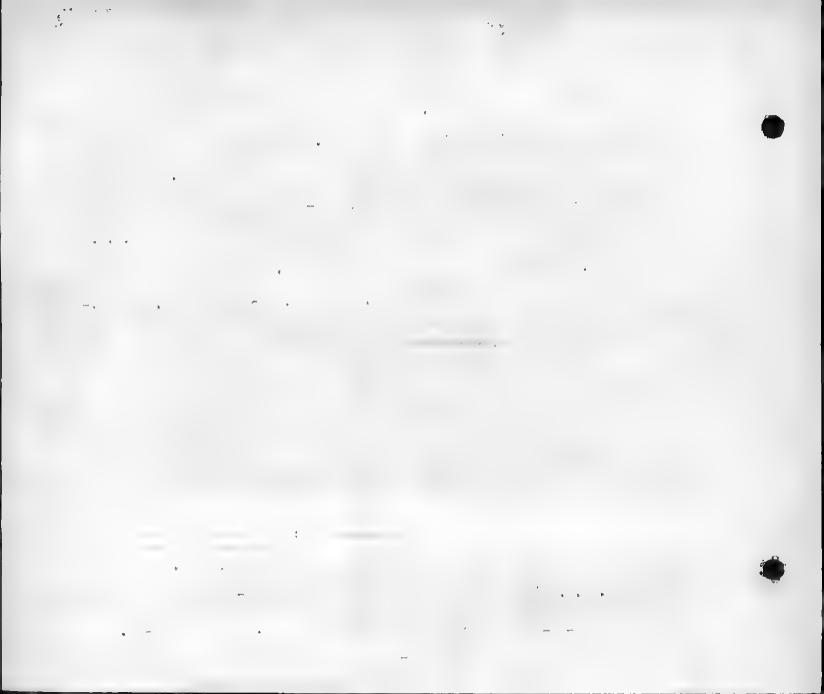
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11334 Dan Diet No

	11304	CERTIFICA	TE OF DEATH		Reg. Dist. I	Λο. , ΥΤΩΩÃ
1, PL/ o. (ACE OF DEATH COUNTY Frederick	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Virgini	ls.	If institution: Residence b	
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	Since 10/19/5	•		its, write RURAL and give	nearest lown)
	NAME OF HOSPITAL (If not in hospital, give street or institution 'ederick Memorial Hospit		d STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO 1
	AME OF CEASED First (Pope or print)	CATHERINE CO	erking	4. DATE OF DEATH	Month October 2	Day Year 1, 1958
5. SEX	6. COLOR OR RACE 7. MAR Temale White WIDOW		3. DATE OF BIRTH 11 April 18	_ lost l	(In years of UNDER 1 YE withday) yrs. Months Day	AR IF UNDER 24 HRS. Hours Min.
d	JSUAL OCCUPATION (Give kind of work done lob. luring most of working life, even if retired) House—work	. KIND OF BUSINESS OR INDUS At Home	Virginia		12. CITIZEN USA	OF WHAT COUNTRY
	Robert Werking		14. MOTHER'S MAIDEN NA Annie Werk	_		
(Yes, m	AS DECEASED EVER IN U. S. ARMED FORCES? 16. o. or orknown) (If year, give were or dates of services) NO		iformant Iss Melva Werk	ing (Sar	Address ne as item #	2)
CERTIFICATION ⇒o≥ II II o	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS OC. ACCIDENT WAS UNDERLYING IP OR CONTRIBUTING III CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	Joseph Sich Resert NOT RELATED TO THE TERMIN	minel	elesson elesson ition given in part he elesson lesson	Z Q . 2 Q . 119 WAS AUTOPSY PERFORMED? YES NO []
MEDICAL	Oc. TIME OF INJURY Month, Day, Year 20d, Hour a.m. While p. m. 19 ol wo	Not while foc	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f (City or town	n) (Coun	ty) (Stote)
A SI	CTUAL CONTROL Frank Damazo, No. 1 certify that I objected the decease of the control of the certification of the c	ond that death), 7 w 1	M, from the condition of the condition o	est.	
É	SURIAL, CREMATION, 226. DATE THEREOF 10-24-58	Union Cemeter OF	у	Lovetts	rty, town, or county) Ville, Virgi	
	ineral director's signature M. R. Etchison & Son, F	ADDRESS rederick, Maryl	land		246. REGISTRAR'S SIGNA	





VS A15 (4)

15M 10/57

CERTIFICATE OF DEATH									Reg. Dist, No.				
1. PL	ACE OF DEATH COUNTY FI	ederick		MA	RYLAND	2. USUAL RESID o STATE		ere deceased livyland	ed. If instituted b. COUNTY	n Residence	Frede		
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick C. LENGTH OF STAY IN 1b Bays					AY IN 16	c CITY OR TOWN (If cutside corporate limits, write RURAL and give nearest town) Frederick-Rural- R.D.##1							
d	d NAME OF HOSP TAL (If not in hospitol, give street oddress) OR INSTITUTION Frederick Memorial Hospital						d. STREET ADDRESS Near Frederick					e. IS RESIDENCE ON A FARM? YES NO KK	
DI	AME OF ECEASED ype or print)	Fir MARG	ARET	Midd CLi		tos WIL		4. DATE OF DEATH		tober	15,	Yeor 58	
. se	x Male	6. COLOR OR RACE White	7. MARRIE	_	CED	B. DATE OF BIRTH December		1910	AGE (In years last, birthday) 4 / yrs		YEAR IF UN	NDER 24 HRS	
100	USUAL OCCUPATION CONTROL OF WORK Domestic	N (Give kind of work ing life, even if retired	done 10b. KI	At Home	OR INDU	STRY 11 BIRTHPL	ACE (Stote o	or foreign count nd	'ry)	12. CITIZ	USA	IAT COUNTRY	
13. F	ATHER'S NAME	Z. Prestor	Darm	er		14 MOTHER'S		nie Tit	low				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address No No No No 199-05-8564 Mr. John W. Wiles, Same as item #2													
1		TH [Enter only one co TH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO	C.,-	for (0), (b), and ((a) / C	Gent	26	artin	<u>a</u>		ONSET AL	BETWEEN ND DEATH	
NO.	Conditions, if or gove rise to in couse (o), stating lying couse lost PART N. OTH	nmediate (nur to	, and	Pripze NTRIBUTING TO	CATH BUT	NOT RELITED TO	THE TERMIN	NAC DISEASE CO	asely,	The same	2 -	No. 3 ym	
CERT.FICATION	70a. ACCIDENT WA	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY	OCCURRE	D. (Enter noture of	f injury in F	Port I or Port II	of item 18.)		YES	REORMED?	
	Hour o. m.		While	URY OCCURRED Not while	20e. PL fo	ACE OF INJURY (I	Home, form bldg., etc.	, 20f (City or	lown)	(Co	ounty)	(State)	
	21. I certify the olive on / O	di lattended the	deceased , 19 5		of death	occurred of	3: 4 7 <u>4</u>	M, from the ADDRESS (Street of Street)	he couses of t, city or town,	nd on the	e date st	ne decease ofed obov DATE SIGN 0/17/5	
		Dr. Henry					erick	, Maryl					
220	BURIAL, CREMATIO REMOVAL (Specify)	Oct. 18,		Mount C		R CREMATORY Cometer	У		N (City, lown, olerick,	or county)		ryland	
23. F M	uneral director R. Etch:	s signature Lson & Son	Fred	erick. M	aryla	ınd	24a REC'I	D BY REGISTRAL		STRAR'S SIGI			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11336

USA a #2 INTERVAL BETWEEN WAS AUTOPSY
PERFORMED?
YES NO (Stote) (County) hat I last saw the deceased an the date stated above. DATE SIGNED Maryland AR'S SIGNATURE O. That S. Frank DATE OCT 2 0 '58



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11306

CERTIFICATE OF DEATH

11337

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY							2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick							
RURAL and give n	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Frederick c. LENGTH OF STAY IN 1b Years						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) // Frederick							
d. NAME OF HOSPI OR INSTITUTION 315 Wes	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 315 West College Terrace						d. STREET ADDRESS 315 West College Terrace on a FARM? YES NO [X]							
3. NAME OF DECEASED (Type or print)	Fir ROG		Middle BRAD		tast WOLFE	4. DAT OF DEA	тн Ос	Month Stober	28,	1958				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED	_	ate of BIRTH	1888	9. AGE (In ye	yrs. IF UNDE	Doys Ho	INDER 24 HRS.				
Retired Ga	ON (Give kind of work of king life, even if retired as and O11	done 106. Kir Distri	nd of Business or buter	INDUSTRY		(Stole or foreign	n country)		JSA	HAT COUNTRY				
13. FATHER'S NAME Willie	V. Wolfe			1	4. MOTHER'S MAI		elle Keys	er		4				
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO.	Mrs.	RMANT Elsie R	. Wolfe		Address 3 Item	#2					
Canditions, if a gave rise to i couse (a), stating lying cause lost.	ony, which (b	-0	Jetinie	pcs	inte !	feat	Due	- Kar	6	mo.				
3 0	HER SIGNIFICANT CON								PE	REPORMEDS				
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	-	BE HOW INJURY OCC)						
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yes	White of work	Not while	De. PLACE factory	OF INJURY (Home , street, office bld	a, farm, 20f. (0 g., etc.)	Eity or lown)		(County)	(State)				
alive on	ngt I attended the Deck. 2.7	125	from Open that d	eoth oc	East Ch	15A M, fr ADDRESS nurch St	(Street, city or to	es and an	the dote s	tated abave bate signer .0/28/58				
	C. A. A. Pe		Zc. NAME OF CEMETE	BY OR CI		ick, Mar	ryland							
Burial (Specify)	Oct. 30,		Mount Oli		Cemetery	F	rederic	k,	Maryl	Stole) and				
23. FUNERAL DIRECTOR	's signature	Fred	ADDRESS erick, Mar	vlan		REC'D BY REG		EGISTRAR'S S	S HOUSE					

IN THE METIAN STEEL ALL SEE THE METAL SAME STATE GRASSEAN do le-el

VS A15 (4) 1SM 10/57

7	
	1. PLACE OF DEATH o. COUNTY Fre
	b. CITY OR TOWN (If outs RURAL and give nearest Frederic

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11342 CERTIFICATE OF DEATH

Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND derick Marvland Frederick ide corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Years e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION ON A FARAS? Frederick County Chronic Hospital Y. M. C. A. YES I NO I Middle Lost 4. DATE DECEASED 1958 ROY LEE WOLFF DEATH (Type or print) October 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months 1880 Male White WIDOWED DIVORCED [August 5 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired)
Machanist USA Naval Gun Fact. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Acquilla Wolfe Maggie Cutsail 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No No Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the under lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY PERFORMED? YES NO A 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port t or Port tt of item 18.1 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) While Not while of work of work D. m. 19. 10 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 7:16A M, from the causes and on the date stated above. ADDRESS (Street, city or town, stotel DATE SIGNED ACTUAL SIGNATURE North Market Street PHYSICIAN'S Dr. H. F. Kline Frederick, Maryland NAME (Type) 220. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Nov.3 Mount Olivet Cemeterv Frederick. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland

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